

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

34449

FILED NOV 10 1952

BIRTH NO. ....		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>5236</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>El Dorado Springs</u> )		c. LENGTH OF STAY (In this place) <u>03 D.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		Box <u>Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. # 3</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. # 3</u>			
3. NAME OF DECEASED (Type or Print) <u>HARRY</u>		a. (First) <u>C.</u>		b. (Middle) <u>Boyer</u>		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-18-1891</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>00</u> Days <u>00</u>		IF UNDER 1 MTH. Hours <u>00</u> Mins. <u>00</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank R. Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Eita</u>		14. NAME OF HUSBAND OR WIFE <u>Rose B. Boyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rose B. Boyer</u>		ADDRESS <u>El Dorado Springs</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starved to death</u>  ANTECEDENT CAUSES DUE TO (b) <u>abnormal digestion</u> DUE TO (c) <u>fluid</u>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer Liver &amp; Pancreas</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>157X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-1</u> , 19 <u>52</u> , to <u>Oct 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 9</u> , 19 <u>52</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lt. J. D. Sweeney M.D.</u>				23b. ADDRESS <u>El Dorado Springs</u>		23c. DATE SIGNED <u>10/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT. 13, 1952</u>		REGISTRAR'S SIGNATURE <u>John H. Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers &amp; Brothers</u> ADDRESS <u>El Dorado Springs</u>			

This carbon copy is to be used for 3 months PERMANENT RECORD  
WRITE PLAINLY- USING UNFADING BLACK INK

MAY 7 1963  
APR 1 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

Working under my personal supervision.

Student .....  
Student Embalmer

Signed Max W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.