

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38373

FILED DEC 1 1952

REG. DIST. NO. 128

PRIMARY REG. DIST. NO. 5465

Registrar's No. 1054

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Campbell Twp		c. LENGTH OF STAY (in this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Campbell Twp		0316
d. FULL NAME OF HOSPITAL OR INSTITUTION County Hospital			d. STREET ADDRESS (If rural, give location) R S E R D # 11, Springfield		
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) MARION	c. (Last) BOYER		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 20 Aug. 1886	9. AGE (In years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergyman, Ret.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergyman, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Ass. of God Church	11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME F.M. Boyer		13b. MOTHER'S MAIDEN NAME Mary Hood		14. NAME OF HUSBAND OR WIFE Dora Edith Boyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE AND NAME ADDRESS Mrs. F.M. Boyer, Rt. 11, Springfield, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia, terminal</i>		INTERVAL BETWEEN ONSET AND DEATH 2 days
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral hemorrhage</i>		6 mos.
			DUE TO (c) <i>Hypertension</i>		Unknown
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <i>Nov 22, 1952</i> , to <i>Nov 25, 1952</i> , that I last saw the deceased alive on <i>Nov 24, 1952</i> , and that death occurred at <i>1:00 p. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Amos R. Amos</i>			23b. ADDRESS Greene County Court House Springfield, Missouri	23c. DATE SIGNED 11/26/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 27 Nov. 1952	24c. NAME OF CEMETERY OR CREMATORY Gamel Cemetery	24d. LOCATION (City, town, or county) (State) Festus, Missouri		
DATE REC'D BY LOCAL REG. 11/26/52	REGISTRAR'S SIGNATURE <i>Earl Williamson</i> Deputy Registrar		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Tracy C. Thomas</i> Springfield, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1390  
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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 Fred E. Thomas

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri

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.