S. No. 300
v. 10-48

FILED NOV 28 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41369

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6248 Registrar's No. 73

1100

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

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Richwoods Twp
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Richwoods

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Richwoods Twp. 1100
d. STREET ADDRESS (If rural, give location): Near Richwoods

3. NAME OF DECEASED (Type or Print)
a. (First): Mattie
b. (Middle):
c. (Last): Boyer

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 4-2-1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 7, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Washington County Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jacob Miller
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: John 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.: None
17. INFORMANT'S SIGNATURE OR NAME: William Boyer — ADDRESS: Sullivan, Mo Rt 5

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Circle Willis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/1, 1952 *to* 11/20, 1952 *that I last saw the deceased alive on* 11/20, 1952 *and that death occurred at* 10.00 *pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. Russwell [signature] — **23b. ADDRESS**: Potosi Mo. — **23c. DATE SIGNED**: 11/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Smith Cemetery
24d. LOCATION (City, town, or county) (State): Sullivan Rt 5 Mo.

DATE REC'D BY LOCAL REG.: 11/22/52
REGISTRAR'S SIGNATURE: Helen Kendall 403-0
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Smith-Higginbotham FH Potosi, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 25 1952
WASH. COUNTY HEALTH DEPT.
File No.

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, Mo

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.