

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41752

State File No.

FILED DEC 31 1952

BIRTH NO. REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4088 Registrar's No. 50

0180

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <i>Carter</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Carter</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>Clatsop</i> | c. LENGTH OF STAY (in this place) <i>Life</i> | c. CITY (If outside corporate limits, write RURAL and give township) <i>Clatsop</i> <i>0180</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <i>0</i> | |

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|---|------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Christopher</i> b. (Middle) <i>Columbus</i> c. (Last) <i>Boyer</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>12-4-52</i> | | |
| 5. SEX <i>MO</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | 8. DATE OF BIRTH <i>1-29-1884</i> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 12 HRS. Hours Min. <i>68</i> <i>10</i> <i>5</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Relieved</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i> | 11. BIRTHPLACE (State or foreign country) <i>Carter Co. Mo</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |

| | | | |
|--|---------------------------|--|---|
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE <i>Nellie E Boyer</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Nellie E Boyer Clatsop, Mo.</i> |

| | | | |
|---|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <i>15 Minutes</i> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Heart Disease</i> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Compound Fracture left tibia & fibula (at ankle)</i> DUE TO (c) <i>Diabetes Mellitus</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 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 *11-20*, 19*52*, to *12-4*, 19*52*, that I last saw the deceased alive on *12-4*, 19*52*, and that death occurred at *5:45 P m.*, from the causes and on the date stated above.

| | | |
|--|--|--|
| 23a. SIGNATURE (Degree or title) <i>Frank E. Dmelli mp</i> | 23b. ADDRESS <i>Poplar Bluff, Mo</i> | 23c. DATE SIGNED <i>12-13-52</i> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>12-7-52</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Henson Cemetery</i> |
| 24d. LOCATION (City, town, or county) (State) <i>Clatsop Mo</i> | | |
| DATE REC'D BY LOCAL REG. <i>Dec. 29-1952</i> | REGISTRAR'S SIGNATURE <i>Mrs Oeta Henson Phelps</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Phelps-Juchel Poplar Bluff Mo</i> |

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1955

DEC 9 1952

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, 12-4-52

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Phil A. Jenschel

Licensed Embalmer No. 2936

P. O. Address Joplin Bluff

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.