

LIO FEB 17 1953

STANDARD CERTIFICATE OF DEATH

State File No. **6509**
Registrar's No. **84**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jasper	b. CITY (If outside corporate limits, write RURAL and give town) Joplin	a. STATE Missouri	b. COUNTY Jasper
c. LENGTH OF STAY (in this place) 2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 216 N. Webb St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Burris	c. (Last) Boyer	4. DATE OF DEATH (Month) (Day) (Year) Feb. 5 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 13, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 22	Hours 1	Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Boyer	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME Shafer T. Boyer	ADDRESS 215 N. Webb, Webb City
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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		INTERVAL BETWEEN ONSET AND DEATH 15 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-21, 1953, to 2-5, 1953, that I last saw the deceased alive on 2-5, 1953, and that death occurred at 11:27 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Johnston-Arnce Simpson</i>	(Degree or title) MD	23b. ADDRESS Webb City, Missouri	23c. DATE SIGNED 2-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-8-53	24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	24d. LOCATION (City, town, or county) (State) Carterville, Mo.
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DATE REC'D BY LOCAL REG. 2-9-53	REGISTRAR'S SIGNATURE <i>Johnston-Arnce Simpson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Johnston-Arnce Simpson</i>	ADDRESS Johnston-Arnce Simpson, Webb City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-16-53
Jasper County Health Office

County File Number 53/2/166

Date Filed 2-17-53

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 *Jack C. Simpson*

Licensed Embalmer No. *4647*

P. O. Address *Webb City 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.