

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21045**

No. 300
10-48

FILED JUL 9 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>4138</u>		Registrar's No. <u>91</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri City</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri City</u>		<u>6000</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u>			b. (Middle) <u>Bedegrew</u>			c. (Last) <u>Boyer</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>May 21-53</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>Nov. 20-1867</u>		9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Jonathon Bedegrew</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hammond</u>		14. NAME OF HUSBAND OR WIFE <u>Creed F. 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 ADDRESS <u>Nelson Boyer Missouri City, Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary occlusion</u>				DUE TO (b) <u>arteriosclerosis</u>				<u>year.</u>	
ANTECEDENT CAUSES <i>As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				<u>Fracture of neck of left femur</u>				<u>4/11/53</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201 F</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)		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>6/7</u> , 19 <u>48</u> , to <u>5/21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/21</u> , 19 <u>53</u> , and that death occurred at <u>9:30</u> A.M., from the causes and on the date stated above.									
23a. SIGNATURE <u>H. M. Bracken</u>				23b. ADDRESS <u>0 M. D. Weebia Springs Mo.</u>		23c. DATE SIGNED <u>7/8/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moore</u>		24d. LOCATION (City, town, or county) (State) <u>Clay Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7/3/53</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Church - Archer Co. Liberty Mo</u>		ADDRESS		

(License/Embalmers' Statement on Reverse Side)

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

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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 John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.