No. 300
10.48

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

State File No. 39696

BIRTH NO. FILED DEC 1 - 1953 REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5708 Registrar's No. 93

**1. PLACE OF DEATH**
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buffalo
c. LENGTH OF STAY (in this place): 44 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 12 miles SW of Seneca

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buffalo 6600
d. STREET ADDRESS (If rural, give location): 12 miles SW of Seneca

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

**4. DATE OF DEATH** (Month) Nov. (Day) 13 (Year) 1953

**5. SEX**: Fem
**6. COLOR OR RACE**: wht
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): mar
**8. DATE OF BIRTH**: April 19, 1886
**9. AGE** (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — 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**: —
**11. BIRTHPLACE** (State or foreign country): Texas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Hamilton McKee
**13b. MOTHER'S MAIDEN NAME**: —
**14. NAME OF HUSBAND OR WIFE**: Claude

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): —
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Claude Boyer, Rte. 1, Goodman, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

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

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 ☐ 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* Nov. 8, 1953 *to* Nov. 13, 1953, *that I last saw the deceased alive on* Nov. 8, 1953 *and that death occurred at* 3 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John B. Roberts D.O.
**23b. ADDRESS**: Seneca Mo.
**23c. DATE SIGNED**: Nov. 14 '53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-17-53
**24c. NAME OF CEMETERY OR CREMATORY**: Oakwood Cem.
**24d. LOCATION** (City, town, or county) (State): Newton Co. Mo.

**DATE REC'D BY LOCAL REG.**: 11-20-53
**REGISTRAR'S SIGNATURE**: Maryan Humphrey 423-0
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: W E Biddlecomy Seneca Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 31 1953

DEC 30 1953

embalm

## 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 W E Biddleson

Licensed Embalmer No. 2174

P. O. Address Seneca 2

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.