

FILE DEC 22 1953

STANDARD CERTIFICATE OF DEATH

State File No. 44036

0940

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 427

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) DESLOGE		c. CITY OR TOWN DESLOGE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print) a. (First) ELSIE	b. (Middle) -	c. (Last) BOYER	4. DATE OF DEATH (Month) (Day) (Year) Dec. - 2 - 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH (Last birthday) Nov. - 6 - 1888	9. AGE (In years) (Months) (Days) (Hours) (Mins.) 65 - 0 - 26
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and State or Foreign Country) SPROT, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOSEPH THURMAN	13b. MOTHER'S MAIDEN NAME CATHERINE PARKS	14. NAME OF HUSBAND OR WIFE Ed. J. Boyer
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME ROLLA BOYER, TOPEKA, KANSAS	ADDRESS
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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 First diagnosed by biopsy March 30, 1953
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma descending colon with extension to small intestines and liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 153 X.		
	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 carcinoma of colon lower descending Portney uterus padua and interstomy april 4 1953 X-ray treatment following 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 - 9, 1953**, to **12 - 2, 1953**, that I last saw the deceased alive on **12 - 2, 1953**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul L. Jones M.D. (Degree or title)	23b. ADDRESS 12 Wood Drive Flat River, Mo	23c. DATE SIGNED 12/4/53
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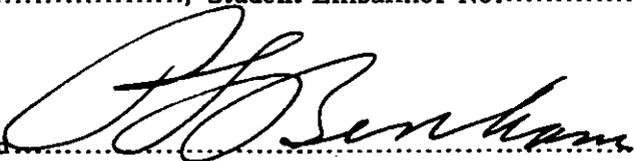
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Catholic CEMETRY	24d. LOCATION (City, town, or county) (State) DESLOGE MO.
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'DATE REC'D BY LOCAL REG. DEC. 4, 1953	REGISTRAR'S SIGNATURE Eather Kudloff	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Bonne Terre Mo.
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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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 3374

P. O. Address Bonne La

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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