

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1862

State File No.

FILED JAN' 21 1954

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5625 Registrar's No. 7

S 30

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Auglaize T. S.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Auglaize T. S.</u>	
c. LENGTH OF STAY (in this place) <u>1. 5.</u>		d. STREET ADDRESS (If rural, give location) <u>Lebanon Rt. 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Rt. 3</u>		e. STREET ADDRESS (If rural, give location) <u>Lebanon Rt. 3</u>	
3. NAME OF DECEASED a. (First) <u>Wable</u> b. (Middle) <u>E</u> c. (Last) <u>Boyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13 1954</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 18 1880</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Viola Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Gilbert McCreary</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Caulkins</u>		14. NAME OF HUSBAND OR WIFE <u>J. C. Boyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>J. C. Boyer</u>		ADDRESS <u>Lebanon Mo. Rt. 3</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious Hepatitis</u> ANTECEDENT CAUSES <u>Cardiac Decompensation</u> 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.	
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		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>JAN 6 - 1954</u> , to <u>JAN 13, 1954</u> , that I last saw the deceased alive on <u>JAN 13, 1954</u> , and that death occurred at <u>2.28A pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. C. Boyer</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>LEBANON MO.</u>	
23c. DATE SIGNED <u>JAN-13-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>1/14/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Viola</u>	
24d. LOCATION (City, town, or county) (State) <u>Viola Ill.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer</u> ADDRESS <u>Lebanon Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-14-1954</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u> <u>424-0</u>	

Issued JAN 18 1954
Lafayette County Health Unit
File No. 1-54-11
Date Filed JAN 19 1954

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 S. P. Palmer.....

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.