

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Oswood Jefferson</u>		c. CITY OR TOWN <u>Galt</u>	d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>Marion Sup. 0400</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVE</u>	b. (Middle)	c. (Last) <u>BOYERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 11 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Mrs Boyers</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bailey</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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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) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Boyers</u> ADDRESS <u>Galt mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Terminal Stage, Chronic Myo Carditis</u>		<u>25 years -</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Hypertension & Liver Dysfunction</u>		<u>15 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>patient has cancer of rectum, tend bloody, tarry stools -</u>			<u>1 yr</u> <u>3 years?</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443XH</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Dec 1-54 to Dec 1-, 1954, that I last saw the deceased alive on Dec 1-, 1954, and that death occurred at 2:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Eitel</u> (Degree or title) <u>2</u>	23b. ADDRESS <u>Galt mo</u>	23c. DATE SIGNED <u>12/3/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-4-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boyers Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Galt mo</u>
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DATE REC'D BY LOCAL REG. <u>DEC 13 1954</u>	REGISTRAR'S SIGNATURE <u>Clayde A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PK Payne</u> ADDRESS <u>San Galt mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *PK Payne Jr*.....

Licensed Embalmer No. *3400*

P. O. Address *Galt*.....

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.