

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40408

State File No. ....

No. 300  
10-48

BIRTH NO. ... REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Liberty</u>	c. LENGTH OF STAY (in this place) <u>14 mo</u>	c. CITY OR TOWN <u>Liberty</u>	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 <u>661 W. Thornton</u>		STREET ADDRESS (If rural, give location) <u>661 W Thornton</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN</u>	a. (First)	b. (Middle) <u>H</u>	c. (Last) <u>BOYER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29-54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>OCT. 14-1953</u>	9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Herbert Boyer</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Boyer Liberty, Mo.</u>	ADDRESS <u>Liberty, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 8 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		
	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 <u>+90X</u>	20. AUTOPSY? YES <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from birth, 1953, to Dec 29, 1954, that I last saw the deceased alive on Dec 29, 1954, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter Godson M.D.</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>12/29/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Farmers</u>	24d. LOCATION (City, town, or county) (state) <u>Liberty Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 31, 1954</u>	REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Arness</u>	ADDRESS <u>Liberty Mo.</u>
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(Licensed Embalmer's 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.....  
Signature of Student Embalmer

Signed..... *John S. ...*

Licensed Embalmer No. *444*

P. O. Address *...*

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.