

FILED SEP 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 32051

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 62114 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Union</u> 1100	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Cadet</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1, Cadet</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Eleese</u> c. (Last) <u>Boyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23-1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-6-1887</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>17</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>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ownhome</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri-washington County</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Charles Schutte</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Trokey</u>	14. NAME OF HUSBAND OR WIFE <u>Zedor Boyer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Zedor Boyer P.Cadet, Rt L, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>antemio sclerotic</u> DUE TO (c) <u>492x</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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) m.	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>May 2, 1955</u> , to <u>Sept. 23, 1955</u> , that I last saw the deceased alive on <u>Sept 20, 1955</u> , and that death occurred at <u>4:55 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph L. Thurman, M.D.</u>		23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>9-26-1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-26-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines. Mo</u>
DATE REC'D BY LOCAL REG. <u>9/26/55</u>	REGISTRAR'S SIGNATURE <u>Arden W. Hall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur W. Smith Potosi, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 27 1955

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Mary M. Smith* _____

Licensed Embalmer No. *4394* _____

P. O. Address *Potosi, Mo* _____

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

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