

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41027  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 572

1. PLACE OF DEATH a. COUNTY <u>Jackson (Rural Blue)</u>		2. USUAL RESIDENCE (Where deceased lived. In institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u> c. LENGTH OF STAY (in this place) <u>9 yrs</u>		c. CITY OR TOWN <u>Independence</u> d. Is residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mace Rest Home</u>			
e. STREET ADDRESS (If rural, give location) <u>1001</u>			

3. NAME OF DECEASED a. (First) <u>MARTHA</u> b. (Middle) <u>JANE</u> c. (Last) <u>BOYER</u>	4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>22</u> (Year) <u>1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 10 1868</u>	9. AGE (In years last birthday) <u>87</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, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Raleigh N.C.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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10c. FATHER'S NAME <u>Samuel Haddy</u>	13b. MOTHER'S MAIDEN NAME <u>Mary J. Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Helson J. Boyer</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>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen H. Boyer</u> ADDRESS <u>3202 Wallace Kc.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma origin undetermined</u>		INTERVAL BETWEEN ONSET AND DEATH <u>prob't breast 8 mo</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic subcut. nodules over entire body.</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1982</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF 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) _____	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 MARCH, 1954, to 22 Dec, 1955, that I last saw the deceased alive on 31 NOV, 1955, and that death occurred at 11:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Saunders m8</u> (Degree or title) _____	23b. ADDRESS <u>Independence</u>	23c. DATE SIGNED <u>12-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/29/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberal Cemetery</u>	24d. LOCATION (City, town, or county) <u>Liberal Missouri</u> (State) _____
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DATE REC'D BY LOCAL REG. <u>12-24-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 1354	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Indep. 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.....  
*William L. Topley*

Licensed Embalmer No. *422*

P. O. Address *Indep.*

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.