

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4068

State File No.

FILED MAR 12 1956

BIRTH NO.		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 5214		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>			
b. CITY OR TOWN <u>Johnson - Rural Twp</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY OR TOWN <u>Rural - Johnson Twp</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hx vi. 6 Mi. So. Jct n + 60</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 1, Hunter Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Billsworth</u> c. (Last) <u>Boyer</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 23 1885</u>	
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>1</u>		11. DAYS <u>2</u>		12. IF UNDER 1 YEAR Hours Min. <u>01 70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mining</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>E. Bonne Terre Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Francis A. Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Shumake</u>		14. NAME OF HUSBAND OR WIFE <u>Ola May Boyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Boyer Jr</u> ADDRESS <u>Rt. 1, Hunter 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Revered Corotid Artery</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auto Accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hx vi. 6 Mi. So. Jct n + 60</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Johnson</u> (COUNTY) <u>Carter</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 25 1956 4:30 P</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
22. I hereby certify that I attended the deceased from <u>Death on Arrival</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 25</u> , 19 <u>56</u> , and that death occurred at <u>4:30 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Death or title) <u>Colman M. Gorman</u>				23b. ADDRESS <u>Van Buren Mo</u>		23c. DATE SIGNED <u>2-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-29-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DOE Run Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 9-56</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Colman M. Gorman</u> ADDRESS <u>Van Buren Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

REC'D 12 8 1907

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 *Allen C. McGowan*.....

Licensed Embalmer No. *454*.....

P. O. Address *Van Buren*.....

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.