

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12326

BIRTH NO. REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5115 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Whitewater Twp.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Red Bud
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Rt. #3 8120 8	

3. NAME OF DECEASED (Type or Print) a. (First) Denver b. (Middle) Lloyd c. (Last) Boyer		4. DATE OF DEATH April 8 1956 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14 1902 (Month) (Day) (Year)
9. AGE (in years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 WRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ellisnorr Missouri
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Boyer	13b. MOTHER'S MAIDEN NAME Laura Carnhan	14. NAME OF HUSBAND OR WIFE Amanda Hess Boyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Amanda Boyer Red Bud, Rt 3, Ill

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture, severe broken neck		INTERVAL BETWEEN ONSET AND DEATH instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) severe impact		
	DUE TO (c) Auto accident		
	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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 51	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bollinger Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 4 8 56 30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 4-8, 1956, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Steve Ward coroner	23b. ADDRESS Tatesville Mo	23c. DATE SIGNED 4-8-56
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE April 11 1956	24c. NAME OF CEMETERY OR CREMATORY Mason Cemetery
24d. LOCATION (City, town, or county) (State) Ellisnorr Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo	
DATE REC'D BY LOCAL REG. 4-10-56	REGISTRAR'S SIGNATURE Mrs. Buford Crader	

(Licensed Embalmer's Statement on Reverse Side)

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 *Wallace Young*.....

Licensed Embalmer No. *410*

P. O. Address *Perry*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
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.