

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 - 1956

State File No. **37317**  
Registrar's No. **163**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097**

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Austin Twp.</b>	c. LENGTH OF STAY (In this place) <b>38 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Austin Twp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 miles N. W. of Archie</b>		d. STREET ADDRESS (If rural, give location) <b>2 miles N. W. of Archie</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>EDWIN</b>	c. (Last) <b>BOYCE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 27 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 22, 1885</b>	9. AGE (In years last birthday) <b>71</b>	# UNDER 1 YEAR <b>6</b> Months	# UNDER 12 HRS. <b>5</b> Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Drainage</b>	11. BIRTHPLACE (State or foreign country) <b>IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James Harvey Boyce</b>	13b. MOTHER'S MAIDEN NAME <b>Esta Newman Bark</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Boyce</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>486-26-6659</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Boyce Archie, Missouri</b>	ADDRESS
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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  <b>Unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <b>Due to (b) <i>Cerebral hemorrhage</i></b> <b>Due to (c) <i>Branchio-ectasia</i></b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>Above. T-B Tuberc.</b>		

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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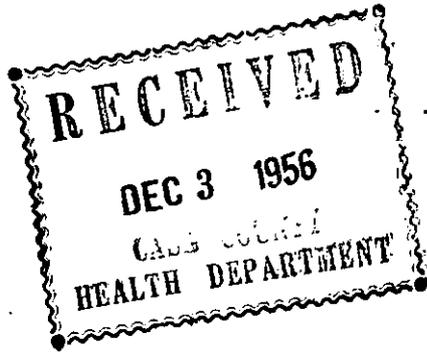
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3 yrs**, 19**54**, to **11-**, 19**56**, that I last saw the deceased alive on **11-27**, 19**56**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. E. Robinson M.D.</b>	(Degree or title) (C)	23b. ADDRESS <b>Adrain, Mo</b>	23c. DATE SIGNED <b>1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/29/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Adrain, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-6-56</b>	REGISTRAR'S SIGNATURE <b>Elyde H. Snidger</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Adrian Vickrey Archie, Mo.</b>	ADDRESS
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Robert W. Atkinson

Signed.....  
Student Embalmer

Licensed Embalmer No. 4902

P. O. Address San Francisco

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