. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1956

State File No. 44452

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074/307 Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN: Sikeston
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 419 Prosperity St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Hattie
b. (Middle): ----
c. (Last): Boyer

4. DATE OF DEATH (Month) 11 (Day) 30 (Year) 1956

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-19-1875

9. AGE (In years last birthday): 81
If under 1 year: Months ____ Days ____
If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and State or Foreign Country): Stoddard Co., Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Conner

13b. MOTHER'S MAIDEN NAME: Sarah Sadler

14. NAME OF HUSBAND OR WIFE: Lige Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): 0
(If yes, give war or dates of service): 0

16. SOCIAL SECURITY NO.: 0

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr. Cecil Boyer, Sikeston, Mo.

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) Coronary Insufficiency Chronic — INTERVAL BETWEEN ONSET AND DEATH: 3-4 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1. Diabetes Mellitus — unknown
2. UREMIA — unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4201

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11.29, 1956, *to* 11.30, 1956, *that I last saw the deceased alive on* 11.29, 1956, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Linden B. Smith MD

23b. ADDRESS: Sikeston, Mo.

23c. DATE SIGNED: 12-1-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 12-2-56

24c. NAME OF CEMETERY OR CREMATORY: Dexter cemetery

24d. LOCATION (City, town, or county) (State): Dexter, Mo.

DATE REC'D BY LOCAL REG.: 12-5-56

REGISTRAR'S SIGNATURE: Mrs. Ella Hunter

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Watkins & Sons Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

429

DATE RECEIVED DEC 10 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1256-259

DEC 13 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, Mo

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