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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18474
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4619

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSP. — Length of stay in Ib 14 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Cadet — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First CECELIA Middle MARIE Last BOYER
4. DATE OF DEATH Month MAY Day 13 Year 1957
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 30, 1913
9. AGE (In years last birthday) 44 — 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 country) Old Mines, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Timan Coleman
14. MOTHER'S MAIDEN NAME Rosa Juliette
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Ralph Boyer, Rt.1, Cadet, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Cardiac decompensation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Old Rheumatic valvular heart disease
DUE TO (c) with fibrillation
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 414 X
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from APRIL 28, 1957, to MAY 12, 1957 and last saw her/him alive on MAY 12, 1957
Death occurred at 12:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph Boyer (Degree or title) MD
22b. ADDRESS Mo Pac Hosp
22c. DATE SIGNED 5-13

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-15-57
23c. NAME OF CEMETERY OR CREMATORY St. Joachims Cemetery
23d. LOCATION (City, town, or county) (State) Old Mines, Mo.

24. FUNERAL DIRECTOR ADDRESS Arthur W. Smith, Potosi, Mo.
25. DATE REC'D BY LOCAL REG. MAY 15 57
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. H. Boyer

Licensed Embalmer No. 41

P. O. Address Potosi

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.