

FILED AUG 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27292
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Union township</u>		c. CITY OR TOWN <u>Rural</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>70 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>Union township - Fountain Farm</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1, Cadet</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Olivia</u>		b. (Middle) <u>Pazia</u>		c. (Last) <u>Boyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug., 3, 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>4-20-1887</u>	
9. AGE (in years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u>13</u> Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Tobie Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Victoria Boyer</u>		14. NAME OF HUSBAND OR WIFE <u>Hughie Boyer, Cadet RR, Missouri</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hughie Boyer, Cadet RR, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix Uteri</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None known</u>		DUE TO (c) <u>Anterior Scleritis</u> <u>Hyper tension</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>171x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 1, 1957 to Aug 3, 1957, that I last saw the deceased alive on Aug 1, 1957 and that death occurred at 2:10 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Thurman</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>121 E. High Potosi, Mo.</u>		23c. DATE SIGNED <u>8-3-1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-5-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims Cemetery - Old Mines, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>8/4/57</u>		REGISTRAR'S SIGNATURE <u>Arvidt Gardal</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard W. Smith</u>		ADDRESS <u>Potosi Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
C. H. Boyd

Licensed Embalmer No. *4158*

P. O. Address *Potosi*

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.