

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39543**

FILED NOV 22 1957

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4088</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellsinore</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Ellsinore</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>				e. STREET ADDRESS (If rural, give location) <u>0180</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James Pleasant</u> b. (Middle) <u>Boyer</u> c. (Last) <u>Boyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>nov 5 1957</u>				
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Apr 28. 1876</u>	
9. AGE (In years last birthday) <u>81y</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>usa</u>		13a. FATHER'S NAME <u>Anderson Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Boxx</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Boyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Luther Boyer Ellsinore</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, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cardiac Decon function</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Supercutaneous Heart Dam?</u> DUE TO (c) <u>Prostration</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>443x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1957</u> , to <u>5 Nov, 1957</u> , that I last saw the deceased alive on <u>2 Oct, 1957</u> , and that death occurred at <u>7:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. F. Brooker, M.D.</u>				23b. ADDRESS <u>2101 Poplar Bluff Mo 65205</u>		23c. DATE SIGNED <u>Nov 5, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 8 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 18 - 1957</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Hanson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Perwill</u>		ADDRESS <u>Van Buren Mo.</u>	

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

50 - 0

RECEIVED

NOV 21 1957

CARTER COUNTY
HEALTH CENTER

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 *Seaton Pruitt*.....

Licensed Embalmer No. *2287*.....

P. O. Address *Van Buren*.....

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.