

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028019
STATE FILE NUMBER

FILED JUL 24 1958

Registration District No. 364 Primary Registration District No. 6244 Registrar's No. 61

300 /
1-57

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, give TOWNSHIP only) OR TOWN <u>Union Township</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Union Township</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 1, Cadet</u>		Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>1/4 Mile West Of Highway 21</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Fred</u> Last <u>Boyer</u>			4. DATE OF DEATH Month <u>July</u> Day <u>19</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec, 18, 1876</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Rented Farm</u>	9c. AGE (In years) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9d. FUNDER 1 YEAR Months <u>1</u> Days <u>21</u> Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>Old Mines Mo,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Coleman</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha Boyer</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>No</u> or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Clarence Boyer</u> Address <u>Cadet Rt. 1. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>medullary failure (Embolic Encephalomalacia)</u> DUE TO (b) <u>Cardiac mural thrombus formation & thrombotic myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Old Mines Mo.</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>1955</u> to <u>7/19/58</u> and last saw him alive on <u>7/19/58</u> Death occurred at <u>7-15 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Sergio S. Sandoz</u> (Degree or title)		22b. ADDRESS <u>211 E. High Street</u>	
22c. DATE SIGNED <u>7/21/58</u>		22d. SIGNATURE <u>Arthur W. Smith</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 22. 58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Joachima</u>		23d. LOCATION (City, town, or county) <u>Old Mines Mo.</u>	
24. FUNERAL DIRECTOR <u>Arthur W. Smith</u> ADDRESS <u>Potosi Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7/22/58</u>	
26. REGISTRAR'S SIGNATURE <u>Arthur W. Smith</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUL 9 1 1958

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 *D. B. Dietrich*

Licensed Embalmer No. *4104*
P. O. Address... *Detroit, Mich.*

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.