

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035914

STATE FILE NUMBER

FILED NOV 5 1958

Registration District No. 99

Primary Registration District No. 466

Registrar's No. 41

S. 300

1-57

320

1

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weatherby		c. CITY OR TOWN Weatherby	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 15 Yrs		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First EFFIE Middle MAY Last BOYER		4. DATE OF DEATH Month Oct. Day 18 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH Jan. 20 1879
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. AGE (In years last birthday) 79	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Davies County Mo	
13a. FATHER'S NAME Smith Seasey		13b. MOTHER'S MAIDEN NAME Sarah Hines	
14. NAME OF HUSBAND OR WIFE John F. Boyer		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Fay Wigglesworth, Weatherby Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 4222 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	
20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT ☐ 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 Death occurred at Feb. 1945 to Oct. 18, 1958 and last saw her alive on Oct. 18, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) Harold Fowler	
22b. ADDRESS Maysville Mo		22c. DATE SIGNED 10/19-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/21-58	
23c. NAME OF CEMETERY OR CREMATORY Cope		23d. LOCATION (City, town, or county) (State) Weatherby Mo. (Rural)	
24. FUNERAL DIRECTOR ADDRESS Filcher Funeral Home, Maysville Missouri		25. DATE RECD. BY LOCAL REG. 10-20-1958	
26. REGISTRAR'S SIGNATURE River Darden			

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.T. Pilcher

Licensed Embalmer No. 3960.....

P. O. Address...Mayaville...Mo.....

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.