

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014337
STATE FILE NUMBER

FILED APR 23 1959

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 35

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1-57

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PERRYVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. MARYS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY CO. HOSPITAL</u>		Length of stay in lb <u>2 DAYS</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>ANN</u> Last <u>BOYER</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>4</u> Year <u>1959</u>		
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5. SEX <u>FEMALE</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>APRIL 10 1878</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min.	11. UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MINNITH MO 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FELIX GRIFFARD</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH LEWIS</u>	14. NAME OF HUSBAND OR WIFE <u>PROSPER BOYER</u>
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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.	17. INFORMANT <u>Felix Boyer do. St. Genevieve Mo</u> Address
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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>Cerebral vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>cerebral thrombosis</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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <u>4 p.m.</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>ST. MARYS MO</u>	COUNTY	STATE
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21. I attended the deceased from <u>April 2 1959</u> to <u>April 4 1959</u> and last saw her alive on <u>April 4 1959</u> . Death occurred at <u>4 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>Joseph F. Luterworth M.D.</u> (Degree & title)	22b. ADDRESS <u>ST. MARYS MO</u>	22c. DATE SIGNED <u>4/4/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/7/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CHEST LAWN</u>	23d. LOCATION (City, town, or county) <u>ST. GENEVIEVE MO</u>	(State)
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24. FUNERAL DIRECTOR <u>Geo. C. Rader do. St. Genevieve Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Joseph F. Luterworth</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. vector, coroner, etc. must use only standard nomenclature in Part I. No symptoms without dates.

APR 23 1959

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 *Adrian J. Ehl*
Licensed Embalmer No. *4740*
P. O. Address *St. Genevieve,*

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.