

FRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-020828

FILED JUN 25 1959

Registration District No.

Primary Registration District No.

Registrar's No. 36

STATE FILE NUMBER

INDEXED

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		Length of stay in lb 7 Days		c. CITY OR TOWN Weatherby		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) JOHN FREELAND BOYER				4. DATE OF DEATH Month June Day 13 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 8/28-1878	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Davies Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Freeland Boyer		13b. MOTHER'S MAIDEN NAME Elizabeth Creekmore		14. NAME OF HUSBAND OR WIFE Effie 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) Carcinoma of Tongue & Medullary Glands Probably Secondary to Prostatic Carcinoma DUE TO (b) Medullary Glands Probably DUE TO (c) Secondary to Prostatic Carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown						INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		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.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 June 1946 to June 13 1959 and last saw him alive on 6/13/59 Death occurred at 3:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Shorold Fowler M.D.				22b. ADDRESS Maysville Missouri		22c. DATE SIGNED 6/15-9	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/15-59		23c. NAME OF CEMETERY OR CREMATORY Cope		23d. LOCATION (City, town, or county) (State) Weatherby Mo	
24. FUNERAL DIRECTOR Pilcher Funeral Home Maysville Mo				25. DATE RECD. BY LOCAL REG. 6-15-59		26. REGISTRAR'S SIGNATURE Russell Davidson	

DOCUMENT

MEDICAL CERTIFICATION

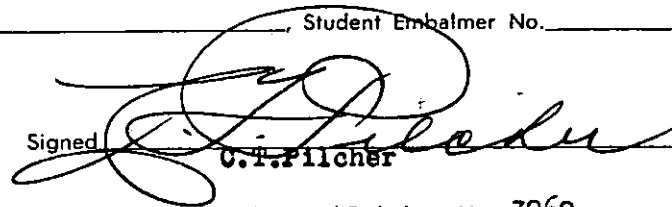
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed


C. F. Pilcher

Licensed Embalmer No. 3960

P. O. Address. Maysville 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.