

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033598

FILED VS. SEP 22 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **2 8433** STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Waldington		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN Cadet		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hosp Inc.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS RR #1 Box 340 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lucian Middle Richard Last Boyer			4. DATE OF DEATH Month September Day 12 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-15-1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Cannon Mines, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Toefield Boyer		13b. MOTHER'S MAIDEN NAME Amy Aubuchon	
14. NAME OF HUSBAND OR WIFE Mary Emma		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. 490-14-7814	
17. INFORMANT Mary Emma Boyer		17. ADDRESS R.R.1 Box 340 Cadet, 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) Dissecting aneurysm of the aortic arch and hemopericardium DUE TO (b) Arteriosclerosis DUE TO (c) 451X CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 30 hrs.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 Sept. 11, 1959		20g. COUNTY to		20h. STATE Sept. 12, 1959	
21. I attended the deceased from Sept. 11, 1959 to Sept. 12, 1959 and last saw him alive on Sept. 11, 1959 Death occurred at 8:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Heard L. Wasto (Degree or title) MD		22b. ADDRESS 1755 S. Grand Blvd.		22c. DATE SIGNED 9-12-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/12/59	23c. NAME OF CEMETERY OR CREMATORY ST JOSEPH		23d. LOCATION (City, town, or county) (State) TIFF MO
24. FUNERAL DIRECTOR Mahn Funeral Home, Desoto. Mo.		25. DATE RECD. BY LOCAL REG. 9-12-1959		26. REGISTRAR'S SIGNATURE Heard Smith M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3661 8 8 400

6961 I 100

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

Aerald J. Mah

Licensed Embalmer No. 4975

P. O. Address De Soto,

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.