

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002943

FILED VS. FEB 15 1960 294 Primary Registration District No. 6010 Registrar's No. 31

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Sugar Creek</i>		Length of stay in 1b <i>1 yr</i>	c. CITY OR TOWN <i>Moberly, Mo</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME (If NOT in hospital, give location) <i>St. D. Moberly, Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>R.F.T. #2 Moberly</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>ARCHIE THOMAS BOYER</i>			4. DATE OF DEATH Month Day Year <i>Feb 2 1960</i>
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>April 2 - 1894</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	9. AGE (last birthday) Months Days Hours Min. <i>65</i>
11. BIRTHPLACE (City and state or country) <i>St. Cloud Min.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Thomas Boyer</i>		13b. MOTHER'S MAIDEN NAME <i>Ellen Sarah Baloyer</i>	
14. NAME OF HUSBAND OR WIFE <i>Jessie Boyer</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>yes</i> <i>WWI #1</i>	
16. SOCIAL SECURITY NO. <i>494-38-3256</i>		17. INFORMANT <i>Jessie Boyer Moberly, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs.</i>
DUE TO (b) <i>Coronary heart disease</i>			<i>10 yrs.</i>
DUE TO (c)			
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
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.)	
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	COUNTY STATE
21. I attended the deceased from <i>2-2-60</i> to <i>2-2-60</i> and last saw <i>xx</i> him alive on <i>2-2-60</i> Death occurred at <i>7:10 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>D. Noel Rams</i>		22b. ADDRESS <i>D.O. Moberly, Missouri</i>	22c. DATE SIGNED <i>2-3-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb 9, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Moberly, Missouri</i>
24. FUNERAL DIRECTOR <i>Cater Funeral Home</i>	ADDRESS <i>Moberly, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>2-4-60</i>	26. REGISTRAR'S SIGNATURE <i>Leah Wilson</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 4 1960

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 Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address Moberly, 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.