

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1960

=60-004658
STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 7

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Ste. Genevieve</u>				a. STATE <u>MO</u>		b. COUNTY <u>Ste. Genevieve</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ste. Genevieve</u>		Length of stay in lb <u>7 yrs</u>		c. CITY OR TOWN <u>Ste. Genevieve</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>242 Market</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>242 Market</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Felix Louis Boyce</u>				4. DATE OF DEATH Month Day Year <u>JAN 17 1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 18 1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Ste. Genevieve Mo U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Louis Boyce</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Hauck</u>		14. NAME OF HUSBAND OR WIFE <u>Genevieve Winston</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>499-20-9195</u>		17. INFORMANT <u>Mrs Genevieve Boyce</u>		Address <u>Ste. Genevieve Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:						<u>10 yrs</u>	
IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)	
						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 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 <u>Jan 16 1960</u> to <u>Jan 17 1960</u> and last saw him alive on <u>Jan 19 1960</u> Death occurred at <u>5:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Felix Boyce M.D.</u>				22b. ADDRESS <u>Ste. Genevieve Mo</u>		22c. DATE SIGNED <u>1-18-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-20-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		23d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve Mo</u>	
24. FUNERAL DIRECTOR'S ADDRESS <u>James H. Taylor Ste Genevieve Mo</u>				25. DATE RECD. BY LOCAL REG. <u>1-20-60</u>		26. REGISTRAR'S SIGNATURE <u>Luella Barber</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE OF THIS FORM IS PROHIBITED

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 James B. Stambaugh

Licensed Embalmer No. 3817
P. O. Address St. Louis, 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.