

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022135

FILED VS MAY 25 1960

Registration District No. 366 Primary Registration District No. 4536 Registrar's No. 53

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Potosi</u>		Length of stay in 1b <u>10 yrs.</u>		c. CITY OR TOWN <u>Potosi</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>510 E. High St.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>510 E. High St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Healy</u> Last <u>Boyer</u>				4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 21, 1890</u>		9. AGE (last birthday) <u>70</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>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Undertaker</u>			11. BIRTHPLACE (City and state or country) <u>Washington Co.</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>John B. Boyer</u>				13b. MOTHER'S MAIDEN NAME <u>Lucy LeClere</u>				14. NAME OF HUSBAND OR WIFE <u>Marie</u>					
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 Address <u>Marie Boyer, Potosi, Missouri</u>					
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>Coronary Thrombosis</u>										INTERVAL BETWEEN ONSET AND DEATH			
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 a.m. p.m.		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			COUNTY		STATE		
21. I attended the deceased from <u>Part 3 years</u> to <u>10</u> and last saw him alive on <u>5/16/60</u> Death occurred at <u>Potosi, Mo.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>M. J. Gesswein</u> (Degree or title)						22b. ADDRESS <u>Potosi Mo.</u>				22c. DATE SIGNED <u>5/18/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>May 19, 1960</u>		23c. NAME OF CEMETERY OR CREMATOR <u>St. James Cemetery</u>			23d. LOCATION (City, town, or county) <u>Potosi, Missouri</u> (Street)					
24. FUNERAL DIRECTOR <u>Arthur W. Smith, Potosi, Missouri</u> ADDRESS					25. DATE RECD. BY LOCAL REG. <u>5/18/60</u>		26. REGISTRAR'S SIGNATURE <u>Arbuit Gudael</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 4 1960

APR 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. A. Hawell

Licensed Embalmer No. 3670

P. O. Address Route

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.