

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

-60-035584

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 95

ENDED

|  |   |   |   |   |   |  |   |                                    |  |
|--|---|---|---|---|---|--|---|------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>   |   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> |   |  |   |                                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Neosho</u>   |   | Length of stay in 1b  |   | c. CITY OR TOWN <u>Neosho</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |                                    |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>   |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>435 Baxter</u>            |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                    |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>JOHN</u> Middle <u>LESTER</u> Last <u>BOYER</u>   |   |   |   | 4. DATE OF DEATH<br>Month <u>September</u> Day <u>17</u> Year <u>1960</u>   |   |  |   |                                    |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>11/6/85</u>  | 9. AGE (last birthday)<br><u>74</u>   | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____  |                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired</u>  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Swift &amp; Co.</u>               |   | 11. BIRTHPLACE (City and state or country)<br><u>Newton Co. Missouri</u>      |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |                                    |  |
| 13a. FATHER'S NAME<br><u>Henry Boyer</u>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Srilda Ragan</u>                          |   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Martha Boyer</u>   |   |                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   |   | 16. SOCIAL SECURITY NO.<br><u>510-07-3441</u>                             |   | 17. INFORMANT<br>Address<br><u>Martha Boyer, Neosho, Missouri</u>             |  |   |                                    |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Psychosis, acute, with Uremia</u>   |   |   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>One week</u>                                   |                                    |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Arterio-sclerosis, generalized</u>   |   |   |   |   |   |  | Unknown   |                                    |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |                                    |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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>Sept. 14th</u> to <u>Sept. 17th</u> and last saw <u>him</u> alive on <u>9-17-60</u><br>Death occurred at <u>3:20 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |   |   |  |   |                                    |  |
| 22a. SIGNATURE<br><u>Harold C. Boyer</u> (Degree or title)   |   |   |   | 22b. ADDRESS<br><u>Neosho Mo.</u>   |   |  |   | 22c. DATE SIGNED<br><u>9-17-60</u> |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify):<br><u>Removal</u>   |   | 23b. DATE<br><u>9-19-1960</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Floral Hills</u>                 |   | 23d. LOCATION (City, town, or county)<br><u>Kansas City, Missouri</u> (State) |  |   |                                    |  |
| 24. FUNERAL DIRECTOR<br><u>Thompson Funeral Home, Neosho, Mo.</u> ADDRESS  |   |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>9/17/60</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Melvin C. Bowman, MD</u><br><u>puw R.H.</u>  |   |                                    |  |

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 Clyde M. Dorman

Licensed Embalmer No. 5065

P. O. Address Wash M

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.