

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038946
STATE FILE NUMBER

FILED VS OCT 24 1960
Registration District No. 187

Primary Registration District No. 3040 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 5 days		c. CITY OR TOWN Independance, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1331 South Dodgson St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last LAWRENCE PETERSON BOYSEN				4. DATE OF DEATH Month Day Year October 14th, 1960				
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 2/24/1914	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months 7 Days 20 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer			10b. KIND OF BUSINESS OR INDUSTRY Atlas Chalmers Mfg Co		11. BIRTHPLACE (City and state or country) Laurel, Nebraska		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lon Boyesen			13b. MOTHER'S MARRIEN NAME Martha Peterson		14. NAME OF HUSBAND OR WIFE Elvina (Gunderson) Boyesen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Barbra Peters, Waverly, 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) Massive hemorrhage (gastrointestinal) DUE TO (b) Peptic ulcer, gastric DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 5 days unknown		
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"/> N. <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 Oct. 9, 1960 to Oct. 14, 1960 and last saw him alive on Oct. 14, 1960 Death occurred at 6:A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) William L. Fair, M.D.				22b. ADDRESS Chillicothe, Mo		22c. DATE SIGNED 10/17/1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/17/1960	23c. NAME OF CEMETERY OR CREMATORY Woodlawn		23d. LOCATION (City, town, or county) Independance, Missouri				
24. FUNERAL DIRECTOR ADDRESS Clifford W. Austin, Tina, Mo.			25. DATE RECD. BY LOCAL REG. Oct 15, 1960		26. REGISTRAR'S SIGNATURE Annalee Taylor			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 19 1960
OCT 8 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 _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clifford W. Austin
Clifford W. Austin,

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.