

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-045505**  
STATE FILE NUMBER

FILED VS. DEC. 20 1960  
REGISTERED DISTRICT NO. 77

Primary Registration District No. 3016 Registrar's No. 426

|   |  |   |  |   |  |  |   |       |
|---|--|---|--|---|--|--|---|-------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cole</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b> |  |  |   |       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Jefferson City</b>  |  | Length of stay in lb<br><b>one year</b>   |  | c. CITY OR TOWN <b>Jefferson City</b>   |  | 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 <b>St. Mary's Hospital</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>1215 W. High Street</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |       |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>CLARENCE</b> Middle <b>CHRISTOPHER</b> Last <b>BOYCE</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>14th</b> Year <b>1960</b>  |  |  |   |       |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>       | 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><b>10/29/1893</b>   | 9. AGE (last birthday)<br><b>67</b>  | 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><b>Assembler (Retired)</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Automotive</b>                               |   | 11. BIRTHPLACE (City and state or country)<br><b>Chamois, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |       |
| 13a. FATHER'S NAME<br><b>John S. Boyce</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Theodosia Marriott</b>                               |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Helen Riner Boyce</b>                              |   |       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WW # 1</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b>487-09-4359</b>  |   | 17. INFORMANT<br><b>Helen Riner Boyce</b> Address <b>1215 W. High St Jefferson City, Mo.</b>   |  |   |       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |       |
| IMMEDIATE CAUSE (a) <b>Cardio-vascular collapse</b>   |  |   |  |   |  |  | <b>8 hrs</b>  |       |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Ruptured duodenal ulcer</b>   |  |   |  |   |  |  | <b>15 hrs.</b>  |       |
| DUE TO (c) <b>Prolonged corticosteroid administration</b>   |  |   |  |   |  |  | <b>8 years.</b>   |       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Some Rheumatoid arthritis; arteriosclerotic heart disease</b>   |  |   |  |   | 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 checked="" type="checkbox"/> NO <input 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. Month, Day, Year _____  |  |   |  |   |  |  |   |       |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>Oct. 1947</b> to <b>Dec. 14, 1960</b> and last saw her/him alive on <b>Dec. 14, 1960</b><br>Death occurred at <b>12:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |   |       |
| 22a. SIGNATURE (Degree or title)<br><b>W Donald Shall MD</b>  |  |   |  | 22b. ADDRESS<br><b>521 E. High Jefferson City, Mo.</b>  |  |  | 22c. DATE SIGNED<br><b>Dec. 15, 1960</b>  |       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Dec 16th 1960</b>      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>  |  |   | 23d. LOCATION (City, town, or county)<br><b>Jefferson City, Missouri</b>   |  | 23e. STATE<br><b>Missouri</b>   |       |
| 24. FUNERAL DIRECTOR<br><b>Tanner Service, Jefferson City, Mo.</b>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>16 December 1960</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>RP Harris, MD - Richter, Jp.</b>                     |   |       |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Shultz, M. A.

DEC 28 1960

NOV 12 1960 SA

DEC 21 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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald P. Freeman

Licensed Embalmer No. 462

P. O. Address J. Gino

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.