

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018045

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 15

STATE FILE NUMBER

AMENDED

FILED MAY 19 1961

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hillsboro</u>		Length of stay in lb <u>1 Yr</u>	c. CITY OR TOWN <u>Old Mines</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Cedar Grove Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Cadet, Rt. 1</u>
3. NAME OF DECEASED (Type or print) First <u>Alfred</u> Middle <u>Moses</u> Last <u>Boyer</u>		4. DATE OF DEATH Month <u>Apr</u> Day <u>28</u> Year <u>61</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>9/12/81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-Employed</u>	9. AGE (last birthday) <u>79</u>
11. BIRTHPLACE (City and state or country) <u>Old Mines, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Clement Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine DeClue</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Boyer</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 <u>Bernard Boyer</u>		Address <u>Kirkwood, Mo.</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>BILATERAL LOWER LOBE PNEUMONIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 WK</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 _____ a.m. _____ p.m. _____			
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>7-3-59</u> to <u>4-28-61</u> and last saw him alive on <u>4-27-61</u> Death occurred at <u>9:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John W. Danke M.D.</u>		22b. ADDRESS <u>740 S. 4th St. Louis</u>	22c. DATE SIGNED <u>4-29-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/2/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joachim's</u>	23d. LOCATION (City, town, or county) (State) <u>Old Mines Mo.</u>
24. FUNERAL DIRECTOR <u>Smith Funeral Home</u>		ADDRESS <u>Potosi, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>m 5/2/61</u>
			26. REGISTRAR'S SIGNATURE <u>Oliver Debbang Sr.</u>

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 William H. Gurn, Student Embalmer No. 616

working under my personal supervision.

Student William H. Gurn
Signature of Student Embalmer

Signed Ben L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood, 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.