

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043629

STATE FILE NUMBER

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1332

AMENDED

FILED JAN 8 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Buchanan

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Joseph,

Length of stay in 1b

6yrs

c. CITY

OR TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

610 No 5th

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

610 No 5th

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

William

Middle

H

Last

Boyer

4. DATE OF DEATH

Month

Day

Year

Dec 24, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

June 2, 1884

77

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Re.

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (City and state or country)

? Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jasper Boyer

13b. MOTHER'S MAIDEN NAME

Lucy McCoy

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

Unk

17. INFORMANT

Address

Lillian Meade, St. Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH ONLY WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Unk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Bronchitis, severe

Unk

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.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

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 ☐ NOT WHILE AT WORK ☐

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 May 1956

to

12/24/61

and last saw him alive on Unknown

Death occurred at 8:05 A.M.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Martin H Christman

22b. ADDRESS

106 King Hill ave St Joseph

22c. DATE SIGNED

12-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/26/61

23c. NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

23d. LOCATION (City, town, or county)

DeKalb, Mo

24. FUNERAL DIRECTOR

ADDRESS

John A. Smith

St. Joseph,

25. DATE RECD. BY LOCAL REG.

Mo Jan. 2, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Standell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF M.H. Christman

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No.

3986

P. O. Address

St Joseph

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.