MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-005293
STATE FILE NUMBER

AMENDED

Registration District No. 6254 Primary Registration District No. 370 Registrar's No. 74

FILED JAN 15 1962

1. PLACE OF DEATH
a. COUNTY WAYNE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LODI — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY WAYNE
c. CITY OR TOWN LODI — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First COLUMBUS Middle LEAVEN Last BOYER
4. DATE OF DEATH Month JAN. Day 4 Year 1962
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5-12-1874
9. AGE (last birthday) 86 — IF UNDER 1 YEAR Months 7 Days 22 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARM
11. BIRTHPLACE (City and state or country) BRUNOT, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WILLIAM BOYER
13b. MOTHER'S MAIDEN NAME EMILINE MAYO
14. NAME OF HUSBAND OR WIFE NORA HUGHES BOYER
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 WILLIAM E. BOYER Address POPLAR BLUFF 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) Influenza — INTERVAL BETWEEN ONSET AND DEATH 2 days
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. ☐ Yes ☐ No ☐ Unknown

19. 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 Jan 2-62, to Jan 4-62 and last saw her/him alive on Jan 3-62
Death occurred at 1 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. A. Myers M D
22b. ADDRESS Coldwater, Mo.
22c. DATE SIGNED 1-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 1-7-1962
23c. NAME OF CEMETERY OR CREMATORY BENNETT CEM.
23d. LOCATION (City, town, or county) NEAR LODI (State) Mo.

24. FUNERAL DIRECTOR GISH ADDRESS GREENVILLE, Mo.
25. DATE RECD. BY LOCAL REG. Jan. 11, 1962
26. REGISTRAR'S SIGNATURE Gretta M. Ward

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

JAN 18 1962

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 Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Belmont, N

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.