MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016348
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0840
2 0840
3
4 1
5 3
6
7 0
8 2
9 4222
10
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12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 47

FILED MAY 3 1962

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Morrisville, mo — Length of stay in Ib: 5 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: West Looney — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Polk
c. CITY OR TOWN: Bolivar, Mo — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 509 W. Olive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Harriett Middle: Adel Last: Boyer
4. DATE OF DEATH: Month: April Day: 22 Year: 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 12/2/1881
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Polk County
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: George W. Drake
13b. MOTHER'S MAIDEN NAME: Harriet Brittain
14. NAME OF HUSBAND OR WIFE: Divorced Sam Boyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Wilma Offutt Address: Rt1, Morrisville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3/1/62
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic myocarditis.
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 3/3/62, to 4/22/62 and last saw her/him alive on 4/20/62
Death occurred at 8:30A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D C McCraw (Degree or title) MD
22b. ADDRESS: Bolivar Mo
22c. DATE SIGNED: 4/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/25/62
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county): Bolivar, (State): Mo

24. FUNERAL DIRECTOR: Saul D Butler ADDRESS: Bolivar, Mo
25. DATE RECD. BY LOCAL REG.: April 24, 1962
26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 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_____ Signed Paul D Butler

Signature of Student Embalmer

Licensed Embalmer No. 4471

P. O. Address Bolivar, 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.