

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025799

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 49

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 1100
2 1100
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4 1
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7 0
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12 90-0
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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH JUN 20 1962
a. COUNTY Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Washington

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kingston Length of stay in 1b 82 Yrs

c. CITY OR TOWN Cadet, Mo. Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Cannon Mines, Mo. Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Rt. 1 (Cannon Mines) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Mary Middle Adelle Last Boyer 4. DATE OF DEATH Month June Day 13 Year 1962

5. SEX Female 6. COLOR OR RACE Cau. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Dec 12 79 9. AGE (last birthday) 82 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 Own Home 11. BIRTHPLACE (City and state or country) Cannon Mines, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Louis Degagnie 13b. MOTHER'S MAIDEN NAME Elvina Boyer 14. NAME OF HUSBAND OR WIFE Eddie J. Boyer (dec)

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. None 17. INFORMANT Raymond Boyer Address Rt 1 Cadet (Son)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Uterus Cervical INTERVAL BETWEEN ONSET AND DEATH 2 yrs - ?
DUE TO (b) _____
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None
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 _____ s.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 1 - 1962 to June 13 - 1962 and last saw her alive on June 6 - 1962. Death occurred at 2:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph L. Thurman, M.D. 22b. ADDRESS Potosi, Mo. 22c. DATE SIGNED 6-14-1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6/15/62 23c. NAME OF CEMETERY OR CREMATORY St. Joachim's 23d. LOCATION (City, town, or county) (State) Old Mines, Mo

24. FUNERAL DIRECTOR Ginn & Son ADDRESS Potosi, Mo. 25. DATE RECD. BY LOCAL REG. 6/14/62 26. REGISTRAR'S SIGNATURE Arletta ...

USE BLACK INK OR TYPEWRITER RIBBON

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 William H. Green

Licensed Embalmer No. 5155

P. O. Address Lotus, 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.