MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 73

-62-041395
STATE FILE NUMBER

FILED OCT 17 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Union
Length of stay in Ib: 90 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: R#1 Cadet-Old Mines
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Washington
c. CITY OR TOWN: Cadet
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R#1 Box 158
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Thomas Middle: Patrick Last: Boyer
4. DATE OF DEATH: Month: Oct Day: 12 Year: 1962
5. SEX: Male
6. COLOR OR RACE: Cau
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/1/70
9. AGE (last birthday): 90
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): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (City and state or country): Old Mines, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Andrew Boyer
13b. MOTHER'S MAIDEN NAME: Sally Seymour
14. NAME OF HUSBAND OR WIFE: Sophia 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: Thomas Boyer, jr. Address: Cadet, 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis
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 October 6, 1962, to October 12, 1962 and last saw him alive on October 11, 1962
Death occurred at 1:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Edwards Lake (Degree or title) DO
22b. ADDRESS: Potosi, Missouri
22c. DATE SIGNED: Oct. 13, 1962
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/15/62
23c. NAME OF CEMETERY OR CREMATORY: St. Joachim's Cem
23d. LOCATION (City, town, or county) (State): Old Mines Mo
24. FUNERAL DIRECTOR: Gum & Son ADDRESS: Potosi, Mo
25. DATE RECD. BY LOCAL REG.: 10/15/62
26. REGISTRAR'S SIGNATURE: R. Glenn Kendall

(Licensed Embalmer's Statement on Reverse Side)

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 William H Gunn
Signature of Student Embalmer

Licensed Embalmer No. 5155

P. O. Address Potosi, 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.