MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005644

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 125

FILED FEB 18 1963

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: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: El Dorado Springs — Length of stay in 1b: Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 604 Forrest — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Springs — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 604 Forrest — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Harvey Middle C. Last Boyer
4. DATE OF DEATH: Month Feb; Day 10, Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 8/29/83
9. AGE (last birthday): 79 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Erie Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Daniel L. Boyer
13b. MOTHER'S MAIDEN NAME: Alice Jones
14. NAME OF HUSBAND OR WIFE: Myrtle Boyer
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.: 500-01-2889
17. INFORMANT Address: Myrtle Boyer, El Dorado Springs 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): Physical Exhaustion — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Congestive Heart Failure
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 January 1961, to February 10, 1963 and last saw him alive on February 10, 1963
Death occurred at 4:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C H Sunderwirth D.O.
22b. ADDRESS: El Dorado Springs, Missouri
22c. DATE SIGNED: 2/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/13/63
23c. NAME OF CEMETERY OR CREMATORY: Kidds Chapel
23d. LOCATION (City, town, or county) (State): Lowry City, o.

24. FUNERAL DIRECTOR ADDRESS: Goodrich Funeral Home, Osceola Mo.
25. DATE RECD. BY LOCAL REG.: 2-13-63
26. REGISTRAR'S SIGNATURE: Joe E. Durham per K.M.

(Licensed Embalmer's Statement on Reverse Side)

Permit Obtained 2-13-1963

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 F B Goodrich

Signature of Student Embalmer

Licensed Embalmer No. 3038

P. O. Address Caruthers 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.