

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16795**BIRTH NO. **29740-49** REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia (Rural)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia (Rural)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bathuneel Hosp.		d. STREET ADDRESS (If rural, give location) Route 2	
3. NAME OF DECEASED (Type or Print) Ruby Carol Boyer		4. DATE OF DEATH (Month) (Day) (Year) May 16, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH May 16, 1949
9. AGE (In years last birthday) 8		10. UNDER 1 YEAR 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Sedalia Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Oscar L. Boyer		13b. MOTHER'S MAIDEN NAME Myrtle Bryant	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Bob Haggard		ADDRESS Houstonia, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Immaturity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no injury		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> no injury	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-16- , 19 49 , to 5-16- , 19 49 , that I last saw the deceased alive on 5-16- , 19 49 , and that death occurred at 10:55 a m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. M. Rodman M.D.		23b. ADDRESS Sedalia, Mo.	
23c. DATE SIGNED 5-17-49			
24. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 17, 1949	
24c. NAME OF CEMETERY OR CREMATORY Abell Cem		24d. LOCATION (City, town, or county) (State) Sedalia Mo	
DATE REC'D BY LOCAL REG. May 17, 1949		REGISTRAR'S SIGNATURE Betty Yeager	
25. FUNERAL DIRECTOR'S SIGNATURE Deputy M. Laughlin Bro		ADDRESS Sedalia Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 24 REC'D
RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-24-49

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.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 31573

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.