

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7218

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Twp.</u>		c. LENGTH OF STAY (In this place) <u>66 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FOUNTAIN FARM</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CADET RI Union Twp.</u>	
		d. STREET ADDRESS (If rural, give location) <u>FOUNTAIN FARM</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDMOND</u> b. (Middle) <u>DALY</u> c. (Last) <u>BOYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 27 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (1)</u>	
8. DATE OF BIRTH <u>8-1-1882</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John T. Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>LUCILLE V. Boyer</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-28-5142</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Melba Boyer</u> ADDRESS <u>Cadet, Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arterio-sclerosis</u>					
		DUE TO (b)					
		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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from July 1, 1947, to 2-27, 1949, that I last saw the deceased alive on 2-26, 1949, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Thurman, M.D.</u> (Degree or title)		23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>2-28-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 2, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Mines Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Old Mines, MO</u>	
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DATE REC'D BY LOCAL REG. <u>3/1/49</u>		REGISTRAR'S SIGNATURE <u>Hubert Kendall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer Funeral Home</u> ADDRESS <u>Potosi, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—000

Health Officer No. 4

File Number 349-02

3-8-49

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 Howard Higginbotham

Signed _____
Student Embalmer

Licensed Embalmer No. 4578

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 this body is not embalmed, fact should be so stated above.