

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26833**
3327

No. 300
10-48
FILED AUG 21 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3327</u>		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay				
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Rural Fishing River				
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				d. STREET ADDRESS (If rural, give location) Orrick Route				
3. NAME OF DECEASED (Type or Print) a. (First) Mose			b. (Middle) E.		c. (Last) Boyer		4. DATE OF DEATH (Month) (Day) (Year) July 31-49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24-1875		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Month 7 Day 7	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY "		11. BIRTHPLACE (State or foreign country) Missouri City Mo.		12. CITIZEN OF WHAT COUNTRY? US.		
13a. FATHER'S NAME Nelson Boyer			13b. MOTHER'S MAIDEN NAME Mary ann Easterly		14. NAME OF PREDECEASED WIFE Mary M. Boyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. "		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Boyer Orrick Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma Prostate & Nematosis & Cerebral Embolism.					INTERVAL BETWEEN ONSET AND DEATH 6 mo		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto urinary retention. DUE TO (c) Embolism.							
	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 177X					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>7-30</u> , 19 <u>49</u> , to <u>7-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-30</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE James W. Willoughby				23b. ADDRESS Liberty, Mo		23c. DATE SIGNED 7-31-49		
24a. RURAL CREMATION (Removal of body)		24b. DATE Aug. 3, 1949	24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.		24d. LOCATION (City, town, or county) (State) Liberty, Missouri			
DATE REC'D BY LOCAL REG. 8-2-49		REGISTRAR'S SIGNATURE Clairdine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Church-Archer Co. Liberty, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed *Harold R. Smith*.....

Licensed Embalmer No. *4575*.....

P. O. Address *Liberty, MD.*.....

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.