

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7416

State File No.

BIRTH NO. 12687-50 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 13

100

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

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Twp</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Old Mines</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Mines</u>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>miral</u> c. (Last) <u>Boyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb. 18 1950</u>
9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR Months <u>3</u> IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Old Mines Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>Clarence Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Worthey Trokey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Boyer</u>		ADDRESS <u>Old Mines Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>aspiration pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Breach delivery.</u> 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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)	
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>2-21 1950</u> , to <u>2-21 1950</u> , that I last saw the deceased alive on <u>2-21 1950</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph L. Phuman M.D.</u>		23b. ADDRESS <u>Potosi, Mo.</u>	
23c. DATE SIGNED <u>2-22-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Mines Catholic Washington Co Mo</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mr. Luther Sparks Potosi Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/22/50</u>		REGISTRAR'S SIGNATURE <u>Arleuk Rudal</u>	

RECEIVED

FEB 27 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-285

Not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.