

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

17197

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Selina</u> b. (Middle) <u>Mary</u> c. (Last) <u>Boyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 11-1871</u>
9. AGE (In years last birthday) <u>78</u>		if UNDER 1 YEAR <u>11</u> Months <u>14</u> Days	if UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Firman Boyer</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ratty</u>		14. NAME OF HUSBAND OR WIFE <u>William J Boyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Stephen Boyer</u>		ADDRESS <u>Festus 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES DUE TO (b) <u>Cancer Visceral</u> <u>unk</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (c) <u>Obstructive Heart Disease</u> <u>unk</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>156A</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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? <u>stroke</u>		22. I hereby certify that I attended the deceased from <u>March 1949</u> , to <u>March 1950</u> , that I last saw the deceased alive on <u>March 25, 1950</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Nancy Goskitt</u>		23b. ADDRESS <u>Festus, Mo</u>	
23c. DATE SIGNED <u>Apr. 27</u>		24a. BIRTHPLACE (City, town, or county) (State) <u>Festus Mo</u>	
24b. DATE <u>Apr. 27-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Festus Catholic Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Festus Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Vinyard</u>	
DATE REC'D BY LOCAL REG. <u>4/29/50</u>		REGISTRAR'S SIGNATURE <u>Rosa Belle</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Vinyard</u>		ADDRESS <u>Festus Mo</u>	

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

0501

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 5-16-50

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 \_\_\_\_\_

*A. W. Myland*

Licensed Embalmer No. 3010

P. O. Address Festus

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.