

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17198

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 25

0501

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 502 Warne St.,	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Joseph	c. (Last) Boyer	4. DATE OF DEATH (Month) (Day) (Year) Mar 15 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 27 1857	9. AGE (In years last birthday) 92/10/18	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blasterer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ste. Genevieve County, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Boyer	13b. MOTHER'S MAIDEN NAME Mary Thomire	14. NAME OF HUSBAND OR WIFE Selina Boyer
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Stephen A. Boyer, Festus, Mo.	ADDRESS
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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) Pneumonia Bronchial		6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular Heart Disease		unk
DUE TO (c) Arteriosclerosis		unk.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4214

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 3/9, 1950, to March 15, 1950, that I last saw the deceased alive on 3/15, 1950, and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE Harry Goskit m.d. (Degree or title)	23b. ADDRESS Festus, Mo.	23c. DATE SIGNED 3/17/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/17/50	24c. NAME OF CEMETERY OR CREMATORY Catholic	24d. LOCATION (City, town, or county) (State) Festus-Crystal City, Mo.
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DATE REC'D BY LOCAL REG. 3/17/50	REGISTRAR'S SIGNATURE Clara Bellville	142	25. FUNERAL DIRECTOR'S SIGNATURE H. Stuyard ADDRESS Festus Mo
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DATE RECEIVED 5-11-50

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

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 *Abt Meyers*

Licensed Embalmer No. *3010*

P. O. Address *Festus 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.