

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BRKS., MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>Rock Hill 11/63!</u>	
c. LENGTH OF STAY (In this place) <u>56 days</u>		d. STREET ADDRESS (If rural, give location) <u>2641 Bremerston Road</u> <u>Rockhill Village, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET ADM HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLETUS</u> b. (Middle) <u>SYLVESTER</u> c. (Last) <u>BOYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 26 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-25-1921</u>
9. AGE (In years last birthday) <u>29</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BLISS, MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GARAGE WORKER</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ABNER LEE BOYER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY S. COURTOUIS</u>	
13c. NAME OF HUSBAND OR WIFE <u>RUTH BOYER</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W W II</u>		16. SOCIAL SECURITY NO. <u>494-10-3753</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GASTRO INTENSTIONAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ACUTE STEM CELL LUKEMIA</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2044</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		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>5-1-50</u> , 19 <u> </u> , to <u>7-26-50</u> , 19 <u> </u> , and that death occurred at <u>8:05 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E.C.O'BRIEN, M.D. Acting</u> (Degree or title)		23b. ADDRESS <u>Chf. Prof. Svcs. VAH, Jeff. Brks. Mo.</u>	
23c. DATE SIGNED <u>7-26-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-28-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST Joseph's</u>		24d. LOCATION (City, town, or county) (State) <u>Tiff, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-28-50</u>		REGISTRAR'S SIGNATURE <u>Keshutl... M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>BOYER UNDERTAKING CO. POTOSI, MISSOURI</u>		ADDRESS	

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

OCT 27 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Howard Higginbotham

Signed.....

Student Embalmer

Licensed Embalmer No. *45-78*

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.