

FILED SEP 7 1950

STANDARD CERTIFICATE OF DEATH

4128 State File No. 26350

BIRTH NO. REG. DIST. NO. 41 PRIMARY REG. DIST. NO. 4129 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Clay		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) OR TOWN Missouri City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri City	
c. LENGTH OF STAY (In this place) <i>1 yr</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Loa	b. (Middle) Moses	c. (Last) Boyer	4. DATE OF DEATH (Month) (Day) (Year) Aug 20, 1950
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5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MTH. Hours	IF UNDER 1 MTH. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Mines	11. BIRTHPLACE (State or foreign country) Thayer, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Creed Boyer	13b. MOTHER'S MAIDEN NAME Cynthia Bettigrew	14. NAME OF HUSBAND OR WIFE Della Belcher
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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. 486-03-7318	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Della Boyer Missouri City, MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 mo. 3 mo. 1 wk. 2040
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sympathetic Leukemia	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Leukosarcosis of lungs DUE TO (c) Bronchopneumonia	
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 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) m.	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 12-12, 1949, to 8-20, 1950, that I last saw the deceased alive on 8-19, 1950, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Clyde M. Smith, D.O.	23b. ADDRESS Liberty Mo.	23c. DATE SIGNED 8-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 22, 1950	24c. NAME OF CEMETERY OR CREMATORY Mo City, Cemetery	24d. LOCATION (City, town, or county) (State) Mo. City, Mo.
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DATE REC'D BY LOCAL REG. 8/22/50	REGISTRAR'S SIGNATURE <i>Arline Hutchings</i>	62	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Seal</i>	ADDRESS <i>Home Liberty</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1240

128845

SEP 12 1950



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. _____

Student _____ Student Embalmer

Signed John Parley Licensed Embalmer No. 4388

P. O. Address Liberty, 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.