

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3619

BIRTH NO. 78541-50 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 5

100

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

1. PLACE OF DEATH a. COUNTY <b>Washington</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Old Mines. Rural-Union</b>		c. LENGTH OF STAY (In this place) <b>2ml 7 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Old Mines. Rural-Union</b>		1103
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Old Mines</b>			d. STREET ADDRESS (If rural, give location) <b>Old Mines</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gerry</b> b. (Middle) <b>Wayne</b> c. (Last) <b>Boyer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-3 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>not married</b>	8. DATE OF BIRTH <b>11-16-1951</b>	9. AGE (In years last birthday) <b>2</b>	10. MONTHS <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Old Mines. Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Harold Boyer</b>		13b. MOTHER'S MAIDEN NAME <b>Alise Shepard</b>		14. NAME OF HUSBAND OR WIFE <del>Harold Boyer</del>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alise Boyer</b> ADDRESS <b>Old Mines. Mo</b>		
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) <b>Broncho-pneumonia</b>  ANTECEDENT CAUSES DUE TO (b) <b>Influenza</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>1/30 X</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.	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 <b>2-1-1951</b> , to <b>2-3-1951</b> , that I last saw the deceased alive on <b>2-1-1951</b> , and that death occurred at <b>530A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Joseph L. Florman, M.D.</b>			23b. ADDRESS <b>Potosi, Mo.</b>		23c. DATE SIGNED <b>2-3-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-4-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Joachims Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cld Mines. Mo</b>		
DATE REC'D BY LOCAL REG. <b>2-3-51</b>	REGISTRAR'S SIGNATURE <b>Hubert Rudallo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyer Funeral Home</b> ADDRESS <b>Potosi. mo</b>		

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WASHINGTON COUNTY HEALTH DEPT.

File No. 251-62

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

No Embalmer

working under my personal supervision.

Student Embalmer No.....

Signed

Mary M. Smith

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address Potasi 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.