S. No. 300
v. 10.48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

7096

FILED FEB 21 1952

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6243 Registrar's No. 10

**1. PLACE OF DEATH**
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cad Rural Rt 1-Liberty. Tsp
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. 1, Cadet

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ca Rural Rt 1-Liberty. Township
d. STREET ADDRESS (If rural, give location): R. 1, Cadet

1100 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): William
c. (Last): Boyer

**4. DATE OF DEATH** (Month): 2 (Day): 11 (Year): 1952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed 2
**8. DATE OF BIRTH**: 7-9-1871
**9. AGE** (In years last birthday): 80 — If under 1 year: Months 7, Days 2 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Farm
**11. BIRTHPLACE** (State or foreign country): Old Mines. Mo 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Elie Boyer
**13b. MOTHER'S MAIDEN NAME**: Mary Boyer
**14. NAME OF HUSBAND OR WIFE**: Ella Boyer (Deceased)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Ernest Boyer
**ADDRESS**: Cadet RT 1. Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SKULL FRACTURE, RT. PARIETAL — INTERVAL BETWEEN ONSET AND DEATH: 3 WEEKS

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) FALL DOWN STEPS
DUE TO (c)

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** E9000-21
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan. 22, 1952, *to* Feb. 11, 1952, *that I last saw the deceased alive on* Feb. 10, 1952, *and that death occurred at* 6:50P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Edward M. Lake, Jr. **(Degree or title)**: D.O.
**23b. ADDRESS**: Potosi, Mo.
**23c. DATE SIGNED**: Feb. 14, 1952

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2-14-1952
**24c. NAME OF CEMETERY OR CREMATORY**: St. Joachims. Cemetery
**24d. LOCATION** (City, town, or county) (State): Old Mines. Mo

**DATE REC'D BY LOCAL REG.**: 2/14/52
**REGISTRAR'S SIGNATURE**: Hubert Rudolf
**25. FUNERAL DIRECTOR'S SIGNATURE**: SMITH & HIGGINBOTHAM. FH. POTOSI. MO
**ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 16 1951
WASH. COUNTY HEALTH DEPT.
File No. 253

## 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 _____
Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

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.