

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7980**

APR 7 1952

331

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 331	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Walnut Grove, RURAL		d. STREET ADDRESS (If rural, give location) Rt # 3 0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital				3. NAME OF DECEASED a. (First) Annis b. (Middle) Kodha c. (Last) Boyer			
4. DATE OF DEATH (Month) (Day) (Year) April-3-52		5. SEX Female		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	
8. DATE OF BIRTH Dec 23-1863		9. AGE (In years last birthday) 88		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	
11. BIRTHPLACE (State or foreign country) unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Lanney		13b. MOTHER'S MAIDEN NAME Sarah Simpson	
14. NAME OF HUSBAND OR WIFE Sam Boyer		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 son Homer Boyer	
17. ADDRESS Walnut Grove		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Impending gangrene Rt foot				INTERVAL BETWEEN ONSET AND DEATH 2 wks 1 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4200		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?					
22. I hereby certify that I attended the deceased from Mar 10, 1952 to Apr 3, 1952 , that I last saw the deceased alive on Apr 2, 1952 , and that death occurred at 12:01 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Fred R. Farthing, M.D.				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED Apr 3-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-3-52		24c. NAME OF CEMETERY OR CREMATORY Mitchell Camp Ground		24d. LOCATION (City, town, or county) (State) Greene County Mo.	
DATE REC'D BY LOCAL REG. 4-4-52		REGISTRAR'S SIGNATURE James R. Amos, M.D.		25. FEDERAL DIRECTOR'S SIGNATURE Brinn - Daniel			
				ADDRESS Federal Home Walnut Grove			

(Licensed Embalmer's Statement on Reverse Side)

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

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5246

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.

Signed Wayne L. Samuel

Signed _____

Student Embalmer

(Licensed Embalmer No. 4702)

P. O. Address Leah Grove, 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.