

APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12117**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5133 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD Easton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rfd Easton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>A.</u> c. (Last) <u>BOYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>8</u> <u>52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>10/21/1861</u>			9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Easton Mo.</u>
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>David Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Turner</u>		14. NAME OF HUSBAND OR WIFE <u>**</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs James Blakley, Easton, Mo.</u> ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					

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)			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 4-1, 1952, to 4-8, 1952, that I last saw the deceased alive on 4-8, 1952, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. King</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Stewartsville, Mo.</u>		23c. DATE SIGNED <u>4-10-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/10/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Buchanan Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>April 14, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Coats</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Summerfield</u> ADDRESS <u>Stewartsville, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *W. E. Summerfield* _____

Licensed Embalmer No. 3007

P. O. Address Stewartsville, Md.

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.