

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30609

State File No. ....

FILED OCT 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 3000 Registrar's No. 326

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Van Buren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonaparte</u> <u>814</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>	b. (Middle)	c. (Last) <u>Boyer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 1952</u>
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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>Feb. 20, 1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Rtd.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming, Rtd.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Van Buren County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
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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>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Georgia Meek, Bonaparte, Ia.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Profound uremia</u>		<u>unknown</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Chronic nephritis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>Obstruction at bladder neck due to prostatic hypertrophy</u>		<u>12/ 11</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>unknown</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9-29-52, 1952, to 9-30-52, 1952, that I last saw the deceased alive on 9-30-52, 1952, and that death occurred at 2:45P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl Laughlin D.O.</u>	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>9-30-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bonaparte Iowa</u>	24d. LOCATION (City, town, or county) (State) <u>Bonaparte, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>9-30-52</u>	REGISTRAR'S SIGNATURE <u>Wate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. ...</u>	ADDRESS <u>Kirksville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

REC 29 1987

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.

Student .....  
Student Embalmer

Signed Keith Collier

Licensed Embalmer No. 3632

P. O. Address Fultonville 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.