

STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1952
129

BIRTH NO. _____ REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **387**

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN LEADWOOD	
c. LENGTH OF STAY (in this place) 2 HRS.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) WILBERN	b. (Middle) THOMAS	c. (Last) BOYER	(Month) DEC.	(Day) 2
			(Year) 1952	

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH DEC. 6 1896	9. AGE (in years last birthday) 55	IF UNDER 1 YEAR Months 11 Day 26	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROTARY DUMP OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY LEAD MINING	11. BIRTHPLACE (State or foreign country) DESOTO, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ARTHER BOYER	13b. MOTHER'S MAIDEN NAME SARAH JANE THEBEAU	14. NAME OF HUSBAND OR WIFE LUCINDA BOYER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 49303-9644	17. INFORMANT'S SIGNATURE OR NAME MRS. LUCINDA BOYER	ADDRESS LEADWOOD, MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4201	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)	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 **Dec 2, 1952**, to **Dec 2, 1952** that I last saw the deceased alive on **Dec 2, 1952** and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE John W Hunt Jr (Degree or title)	23b. ADDRESS Leadwood Mo	23c. DATE SIGNED 12/2/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/5/52	24c. NAME OF CEMETERY OR CREMATORY LEADWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) LEADWOOD MO.
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DATE REC'D BY LOCAL REG. Dec. 4, 1952	REGISTRAR'S SIGNATURE Eather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Boyer FUNERAL HOME	ADDRESS LEADWOOD, MO
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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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.