

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13391

State File No. 178

FILED MAY 7 1953

REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

Registrar's No. 178

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY OR TOWN <u>Poplar Bluff</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BOYER</u> b. (Middle) <u>BOYER</u> c. (Last) <u>BOYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4/14/1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>4/13/1953</u>
9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 1 MIN. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Walter Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Bobbie Boyer</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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 ADDRESS <u>Bobbie Boyer Poplar Bluff, Mo.</u>	
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>Prematurity</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776 X</u>	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)	
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 <u>4-13</u> , 19 <u>53</u> , to <u>4-14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. ...</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Poplar Bluff, Missouri</u>	23c. DATE SIGNED <u>4-20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/15/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Public</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4/28/53</u>	REGISTRAR'S SIGNATURE <u>R. D. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greer Croy & Fitch Poplar Bluff, Mo.</u>	

RECEIVED
MAY 5 1953

BUTLER CO. HEALTH CENTER

FILE No. 553-207

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 _____
Signature of Student Embalmer

Signed _____
Licensed Embalmer No. _____

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.