

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9207

State File No.

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 22

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (In this place) 52 Yrs.		d. STREET ADDRESS (If rural, give location) 115 Ming Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Medical Center			

3. NAME OF DECEASED (Type or Print)	a. (First) Austin	b. (Middle) Luther	c. (Last) Boyer	4. DATE OF DEATH (Month) (Day) (Year) March 10, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23, 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Realtor	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (State or foreign country) Nodaway County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME D. W. Boyer	13b. MOTHER'S MAIDEN NAME Elvina Nash	14. NAME OF HUSBAND OR WIFE Fannie Bell Boyer
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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) No	16. SOCIAL SECURITY NO. 492-26-9887-A	17. INFORMANT'S SIGNATURE OR NAME Mrs. A.L. Boyer, Warrensburg, Mo	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Gunshot Wound		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		1 Day
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Occlusion		

19a. DATE OF OPERATION 3/7/54	19b. MAJOR FINDINGS OF OPERATION 4 Broken Ribs, Lacerations of Rt. Lower Lobe of Lung	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warrensburg Johnson Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 7, 1954 7A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Accidental Shotgun Wound
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22. I hereby certify that I attended the deceased from **Mar. 7, 1954** to **March 10, 1954**, that I last saw the deceased alive on **Mar. 10, 1954**, and that death occurred **12:55 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David K. Holmes M.D.	23b. ADDRESS Warrensburg, Missouri	23c. DATE SIGNED 3/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 13, 1954	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
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DATE REC'D BY LOCAL REG. Mar. 12, 1954	REGISTRAR'S SIGNATURE Savannah C. Phillips	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips	ADDRESS Warrensburg, Mo.
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RECEIVED
MAR 15 1954
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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.....

P. Q. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, 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.