

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15032**BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 527

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 town) <u>Rural Washington</u>		c. CITY OR TOWN <u>Rural Washington</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. # 7, St. Joseph</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. # 7, St. Joseph, Mo.</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>CARL</u>		b. (Middle) <u>BERT</u>		c. (Last) <u>BOYER SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>23</u> <u>1954</u>	
5. SEX <input checked="" type="radio"/> Male		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-16-1906</u>		9. AGE (In years last birthday) <u>48</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Time Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Armour & Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hempfle, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Bert Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Holmes</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Mae Boyer</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-07-3003</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eva Mae Boyer, Rt. # 7, St. Joseph</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) _____			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Man died suddenly at his home, without a history of recent serious illness or disability other than some chest pain</u>			
		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		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 On 5/24, 1954 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Crem.)</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>5/24/54</u>	
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-26-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Chapel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Easton, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>May 26, 1954</u>		REGISTRAR'S SIGNATURE <u>Gather M. Allison</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Paul Ruff</u>		ADDRESS <u>St. Joseph, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.