

FILED AUG 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29652

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6242</u>		Registrar's No. <u>47</u>	
I. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Kingston</u>)		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Tiff</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Tiff</u>				e. STREET ADDRESS (If rural, give location) <u>Rural-Kingston</u> 1100			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Francis</u>		c. (Last) <u>Boyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 15 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-29-1882</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>		IF UNDER 24 HRS. Hours <u>16</u> Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington County, Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Politte</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Boyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Francis M. Boyer, 1728 First St Philadelphia, Pa</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Gen. arterio-sclerosis</u> 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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Aug 12, 54</u> <u>years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Aug 12</u> , 19 <u>54</u> , to <u>Aug 15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Aug 15</u> , 19 <u>54</u> , and that death occurred at <u>5:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. V. J. ...</u> <u>M.D.</u>				23b. ADDRESS <u>... Mo.</u>		23c. DATE SIGNED <u>Aug 17, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joachims Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Old Mings. Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/18/54</u>		REGISTRAR'S SIGNATURE <u>Arthur M. ...</u> <u>403</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur M. ...</u>		ADDRESS <u>Potosi. Mo</u>	

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

NOV 30 1954

RECEIVED

AUG 24 1954

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Mary M. Smith*
Licensed Embalmer No. *439*

P. O. Address *Potosi, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.