

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36512**

BIRTH NO. _____		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>3006</b>		Registrar's No. <b>322</b>			
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. LENGTH OF STAY (in this place) <b>5 yrs</b>		c. CITY OR TOWN <b>Columbia</b>		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 <b>Noyes Hospital</b>				STREET ADDRESS (If rural, give location) <b>1616 Anthony St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>			b. (Middle)		c. (Last) <b>BOYER JR.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 25, 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 20, 1930</b>		9. AGE (In years last birthday) <b>24</b> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student - University of Missouri</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Warrensburg, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John T. Boyer</b>			13b. MOTHER'S MAIDEN NAME <b>Gertrude Gilliam</b>			14. NAME OF HUSBAND OR WIFE <b>Marjorie Morehead Boyer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>494-30-5982</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. John Boyer Jr., Columbia, Mo.</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma, lungs + liver secondary to</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Teratocarcinoma of testis - cum</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>164x</b>						20. AUTOPSY? YES <input checked="" 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) m.		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 <b>January, 1954</b> , to <b>November 25, 1954</b> , that I last saw the deceased alive on <b>11-25-54</b> , and that death occurred at <b>1:08 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>John T. Zinsley Jr</b>			23b. ADDRESS (Degree or title) <b>M.D. Columbia Missouri</b>			23c. DATE SIGNED <b>11-25-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov. 25, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Warrensburg, Missouri</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG <b>Nov. 25, 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parker Funeral Service, Columbia, Mo.</b>				

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

DECE 22 1954

NOV 2 1954

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 *J. Phillips*.....  
Licensed Embalmer No. 489

P. O. Address *Columbia*

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.