.300
.48

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

FILED FEB 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7072

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6243 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Washington 1100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Liberty
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Liberty 1100
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Hoonan
c. (Last): Boyer

4. DATE OF DEATH (Month) Feb. (Day) 21 (Year) 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1-22-1897
9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months 0 Days 29
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Tiff Mill
11. BIRTHPLACE (State or foreign country): Old Mines, Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Patrick J. Boyer
13b. MOTHER'S MAIDEN NAME: Elsie Mercille
14. NAME OF HUSBAND OR WIFE: Anna Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 499-03-6146
17. INFORMANT'S SIGNATURE OR NAME: Howard Boyer
ADDRESS: Potosi. Rt #1.Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260 X
20. AUTOPSY? YES ☐ NO ☐

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) Potosi (COUNTY) Washington (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____ 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 A.M., from the causes and on the date stated above.*

23a. SIGNATURE Dr. W. L. Gibson (Degree or title) Coronor 2
23b. ADDRESS Potosi, Mo.
23c. DATE SIGNED 2-24-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-24-1955
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) De Soto (State) Mo

DATE REC'D BY LOCAL REG. 2-22-55
REGISTRAR'S SIGNATURE Helen Kendall 403
25. FUNERAL DIRECTOR'S SIGNATURE Arthur W. Smith
ADDRESS: Potosi, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

FEB 23 1955

WASH. COUNTY HEALTH DEPT.

File No. _____

MAR 16 1955

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 _____
Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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