

FILED MAR 2 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7074

BIRTH NO. 12348-55 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 20

1. 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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Brettonville</u>		c. CITY OR TOWN <u>Rural-Bretton</u>	
c. LENGTH OF STAY (in this place)		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>Mar Pateri</u>		e. STREET ADDRESS (If rural, give location) <u>1100</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pegg</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Boyster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Feb. 25 1955</u>			9. AGE (In years last birthday) <u>1</u>		10. IF UNDER 1 YEAR Days <u>16</u> IF UNDER 24 HRS. Hours <u>30</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Ralph Boyster</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Reulle</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Boyster Pateri Mo.</u>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 2/25 1955 to 2/25 1955 that I last saw the deceased alive on 2/25 1955, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Curwell RPN 403</u>		23b. ADDRESS <u>Pateri</u>		23c. DATE SIGNED <u>2/28/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cole Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington Co Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks Pateri Mo.</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>3/1/55</u>		REGISTRAR'S SIGNATURE <u>H. L. Curwell</u>			

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

RECEIVED

MAR 1 1955

WASH. COUNTY HEALTH D

File No: _____

NOT EMBALMED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.