

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19400  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 39

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Washington</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Old Mines Union</u> |  | c. CITY OR TOWN <u>Old Mines</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>Life</u>   |  | e. STREET ADDRESS (If rural, give location) <u>1100</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Mines</u>  |  |  |   |

|  |                               |   |   |
|--|-------------------------------|---|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Napoleon</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>Boyer</u> |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1956</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>4-9-1869</u>  |
| 9. AGE (In years last birthday) <u>87</u>  |                               | IF UNDER 1 YEAR Months <u>1</u> Days <u>28</u>                        | IF UNDER 24 HRS. Hours <u></u> Min. <u></u>                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>           |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tiff Mill</u>                    | 11. BIRTHPLACE (City and State or Foreign Country) <u>Old Mines, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |                               |   |   |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <u>Israel Boyer</u>  | 13b. MOTHER'S MAIDEN NAME <u>Julia Portell</u> | 14. NAME OF HUSBAND OR WIFE <u>Sophia Boyer</u>                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service) | 16. SOCIAL SECURITY NO. _____                  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hugh Boyer Cadet, Mo</u> |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterio-sclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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 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) <u>4201</u>                      |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____   |

22. I hereby certify that I attended the deceased from Jan. 15, 1950 to 6/7, 1956 that I last saw the deceased alive on 6/7, 1956, and that death occurred at 7:30 Pm., from the causes and on the date stated above.

|  |                                 |   |
|--|---------------------------------|---|
| 23a. SIGNATURE (Type or Print) <u>Dr. E. H. Russell</u>            | 23b. ADDRESS <u>Potosi, Mo.</u> | 23c. DATE SIGNED <u>6/9/56</u>                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>            | 24b. DATE <u>6-11-1956</u>      | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo</u> |                                 |   |

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG. <u>6/9/56</u> | REGISTRAR'S SIGNATURE <u>Herbert Rudall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur W. Smith Potosi, Mo</u> |
|--|---|--|

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

**RECEIVED**

JUN 12.

**WASH. COUNTY HEALTH DEPT.**

File No. \_\_\_\_\_

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**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. *43*

P. O. Address *Potasi...M*

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