

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22609**

44

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Washington</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Mines - Union</u>		c. LENGTH OF STAY (in this place) <u>life</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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Mines</u>			e. STREET ADDRESS (If rural, give location) <u>1100</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Charles</u>	b. (Middle) <u>Rolla</u>	c. (Last) <u>Boyer</u>	<u>June, 13, 1956</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-20-1882</u>	9. AGE (in years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>22</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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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>
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13a. FATHER'S NAME <u>Abraham Boyer</u>	13b. MOTHER'S MAIDEN NAME <u>Stephana Boyer</u>	14. NAME OF HUSBAND OR WIFE <u>Meadie Boyer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-12-8275</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Boyer Cadet</u>	ADDRESS <u>Rt. Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis -</u>		
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from April 6, 1956, to 6-13, 1956 that I last saw the deceased alive on 6-2, 1956, and that death occurred at 12: A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Thurman, M.D.</u> (Degree or title)	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>6-14-1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-15-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joachims Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo</u>
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DATE REC'D BY LOCAL REG. <u>6/14/56</u>	REGISTRAR'S SIGNATURE <u>Walter Radcliff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Radcliff</u>	ADDRESS <u>Potosi, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1100

403

JUN 18 1956

RECEIVED

JUN 19

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.