

FILED FEB 25 1957

3734

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 173

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

d. STREET ADDRESS (If outside, give location) 2920 Beck Road

3. NAME OF DECEASED (Type or print)

First Middle Last Louis Boyer

4. DATE OF DEATH Month Day Year February 7, 1957.

5. SEX Male

6. COLOR OR RACE White

7. MARRIED NEVER MARRIED WIDOWED / DIVORCED

8. DATE OF BIRTH November 16, 1890

9. AGE (In years last birthday) 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Stone Cutter

10b. KIND OF BUSINESS OR INDUSTRY Mo. Granite Co.

11. BIRTHPLACE (City and state or country) Centralia, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Minnie Boyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 491-10-3623

17. INFORMANT Address Mrs. Zula Koon Boyer St. Joseph, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary embolus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Auricular Fibrillation and Cor pulmonale

DUE TO (c) with Silicosis with Pulmonary Fibrosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/29/55 to 2/7/57 and last saw ~~her~~ him alive on 2/7/57

Death occurred at 7:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Martin H. Christ M.D.

22b. ADDRESS 6106 King Hill Ave. City

22c. DATE SIGNED 2/20/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE February 9, 1957

23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery

23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman, Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. Feb 21, 1957

26. REGISTRAR'S SIGNATURE Cecelia M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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MAR 29 1957

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.....
Eric J. Hanna

Licensed Embalmer No. 4679

P. O. Address St. Joseph,

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.