

Health, Welfare, Public Service, 300, 1-56, Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms written on natural causes. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 25 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 23417

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Centralia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County			Length of stay in 1b 4 days	d. STREET ADDRESS Route 1			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sherman Middle Sheridan Last Boyer				4. DATE OF DEATH Month July Day 14 Year 1957			
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 23, 1884		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 7 Days 21	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Warrensburg, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME David Boyer				14. MOTHER'S MAIDEN NAME Nancy Sykes			
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. 499-42-4267		17. INFORMANT Everett Boyer Address Rte 1, Centralia			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction						INTERVAL BETWEEN ONSET AND DEATH 72 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Chronic coronary artery disease.					
		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Centralia, Mo.		20g. COUNTY Boone STATE Missouri	
21. I attended the deceased from 7/11/57 to 7/14/57 and last saw ^{him} her alive on 7/14/57 Death occurred at 10:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Robert L. Ward M.D.				22b. ADDRESS Centralia, Mo.		22c. DATE SIGNED 7/16/57	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE 7/17/57	23c. NAME OF CEMETERY OR CREMATORY City of Centralia		23d. LOCATION (City, town, or county) (State) Centralia, Mo.		
24. FUNERAL DIRECTOR Bill E. Madsen ADDRESS Centralia, Mo.				25. DATE RECD. BY LOCAL REG. July 16, 1957		26. REGISTRAR'S SIGNATURE Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 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 *Bill J. Meador*

Licensed Embalmer No. 48

P. O. Address *Centralia, Ia*

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.