Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006170
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joachim — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jeff Mem Hosp — Length of stay in 1b: 1HR

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN: DeSoto — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Gen Del. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First STEVEN Middle Last BOYER

4. DATE OF DEATH: Month FEB Day 23 Year 1958

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb 23 1958
9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: Days: IF UNDER 24 HRS. — Hours: Min.: 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Festus Mo
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH A BOYER
14. MOTHER'S MAIDEN NAME: SUSAN JOHNSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOSEPH BOYER Address: DeSoto Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity - Premature — INTERVAL BETWEEN ONSET AND DEATH: Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): separation placenta 6 mo
DUE TO (c): gestation

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 7615

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 a. m. p. m. Month, Day, Year
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 Feb 23 58 to Feb 23 58 and last saw ~~the~~ him alive on Feb 23 58
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Noel V. Jeffries M.D. (Degree or title)
22b. ADDRESS: DeSoto Mo
22c. DATE SIGNED: Feb 24 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/24/58
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): DeSoto Mo.

24. FUNERAL DIRECTOR: Mahn Funeral Home
ADDRESS: DeSoto Mo
25. DATE RECD. BY LOCAL REG.: 3-3-58
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision.. Body was not embalmed

Student.....
Signature of Student Embalmer

Signed..Daniel J. Mal

Licensed Embalmer No. 4

P. O. Address Clayton

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.