No. 300
10.48

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

FILED APR 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013198
State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 67

0070 4

1. PLACE OF DEATH

a. COUNTY: Bates

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Pleasant ~~Butler~~

c. LENGTH OF STAY (in this place): 5 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pine Tree Rest Home

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

a. STATE: Missouri

b. COUNTY: Bates 0070

c. CITY OR TOWN: Amsterdam

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 0

e. STREET ADDRESS (If rural, give location): 2 miles north Amsterdam, Mo

3. NAME OF DECEASED (Type or Print)

a. (First): John

b. (Middle): Lincoln

c. (Last): Boyer

4. DATE OF DEATH (Month) (Day) (Year): 4-15-58

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0

8. DATE OF BIRTH: 8-2-1865

9. AGE (In years last birthday): 92

If under 1 year: Months | Days

If under 24 hrs.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and State or Foreign Country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph A. Boyer

13b. MOTHER'S MAIDEN NAME: Almira Walley

14. NAME OF HUSBAND OR WIFE: none

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.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. F. G. Boyer, K. C., Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) left side heart failure — One year

DUE TO (c) chronic nephritis — 10 years.

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

592X

20. AUTOPSY? YES ☐ NO ☒ 2

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 8, 1955, *to* April 15, 1958, *that I last saw the deceased alive on* Apr. 14, 1958, *and that death occurred at* 9:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Lattire, M.D. 0

23b. ADDRESS: Butler, Mo.

23c. DATE SIGNED: 4/18/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-18-58

24c. NAME OF CEMETERY OR CREMATORY: Walley Cemetery

24d. LOCATION (City, town, or county) (State): Amsterdam, Mo.

DATE REC'D BY LOCAL REG.: April 18-58

REGISTRAR'S SIGNATURE: Kendall Kenny

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Archer & Mangold F. H., Amsterdam, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert L. Mangold

Licensed Embalmer No. 4972

P. O. Address La Cygne, Kan

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