Health & Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035904
STATE FILE NUMBER

FILED SEPT 30 1958

Registration District No. 48 Primary Registration District No. 5362 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rural - Jamesport Twp. Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mercer
c. CITY OR TOWN: Princeton Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 0650 Jefferson St. Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Larry Middle: Dean Last: Boyer

4. DATE OF DEATH: Month Day Year: September 19, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 16, 1940
9. AGE (In years last birthday): 18 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Trenton Foods Corp.
11. BIRTHPLACE (City and state or country): Princeton, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Francis LeRoy Boyer
13b. MOTHER'S MAIDEN NAME: Mary Louise Gentry
14. NAME OF HUSBAND OR WIFE:

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.: 487-44-8987
17. INFORMANT: Mrs. Francis Boyer Address: Princeton, 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): Strangulation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Automobile accident pinning victims neck
DUE TO (c): between steering wheel and car roof
INTERVAL BETWEEN ONSET AND DEATH: 5 min.
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 ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Automobile accident
20c. TIME OF INJURY: Hour 10:45 p.m. Month, Day, Year: 9-19-58
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.): Highway 6 Missouri
20f. CITY, TOWN, OR LOCATION: 031 COUNTY STATE: 5 miles west of Trenton, Missouri

21. I attended the deceased from May 24, 1954, to Sept. 9, 1958 and last saw her/him alive on Sept. 9, 1958
Death occurred at 10:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Bristow, Ky. D.
22b. ADDRESS: Princeton, Missouri
22c. DATE SIGNED: 9/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-22-58
23c. NAME OF CEMETERY OR CREMATORY: Princeton, Cemetery
23d. LOCATION (City, town, or county) (State): Princeton, Missouri

24. FUNERAL DIRECTOR: Martin Funeral Home ADDRESS: Princeton, Mo.
25. DATE RECD. BY LOCAL REG.: 9-20-58
26. REGISTRAR'S SIGNATURE: Virgie M Engelhart

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Harry Allen Robinson, Student Embalmer No. 566 working under my personal supervision.

Student Harry A. Robinson
Signature of Student Embalmer

Signed O. L. Robinson

Licensed Embalmer No. 3244

P. O. Address Jonesport Me

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.