

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021065

STATE FILE NUMBER

FILED JUN 17 1959

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY OR TOWN Trenton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Trenton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 613 E. 7th.		Length of stay in lb 75 years.	
d. STREET ADDRESS 512 Linn St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Nettie Middle H. Last Boyce			4. DATE OF DEATH Month June Day 5 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 8, 1876
9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker.		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Jackson, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Minot Hopewell	13b. MOTHER'S MAIDEN NAME Emma Lois Brubaker
14. NAME OF HUSBAND OR WIFE Leeper Boyce		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. —
17. INFORMANT Hopewell Boyce		Address Trenton, 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) Coronary - Occlusion			INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio Sclerotic Heart Disease with Angina			4 years
DUE TO (c) Arteriosclerosis & Arterial Hypertension			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Breast removed 5 to 10 yrs ago - No recurrence			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.) 4200		
20c. TIME OF INJURY Hour — Month — Day — Year — a.m. — p.m. —			
20d. INJURY OCCURRED WHILE AT <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 Trenton	COUNTY Mo STATE Mo
21. I attended the deceased from 5-13-1958 to 6-5-59 and last saw her alive on 5-29-1959 Death occurred at 4:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mrs. Mason (Degree or title) M.A.		22b. ADDRESS Trenton Mo	22c. DATE SIGNED 6-8-1959
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Trenton Masonic Cemetery	23d. LOCATION (City, town, or county) (State) Trenton, Mo.
24. FUNERAL DIRECTOR Dr. Fuson ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 6-16-59	26. REGISTRAR'S SIGNATURE J. E. Saw

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

5-0

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 *Claude H. Chandler*

Licensed Embalmer No. *4986*

P. O. Address *Leicester, Ma.*

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.