URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1959 /32

Registration District No. ____ Primary Registration District No. 3021 Registrar's No. 208

59-039733
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton — Length of stay in 1b 56 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Grundy
c. CITY OR TOWN Trenton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2013 Chicago — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ANNA Middle RACHEL Last BOYER

4. DATE OF DEATH Month Dec. Day 8, Year 1959

5. SEX female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10/3/91
9. AGE (last birthday) 68/2/05 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Davies Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Newman
13b. MOTHER'S MAIDEN NAME Belle Wynne
14. NAME OF HUSBAND OR WIFE Harold Boyer

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. 495-01-8358B
17. INFORMANT Address Harold Boyer, 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) ~~Venous Thrombosis Right Femoral Vein~~ Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — ?
DUE TO (c) Arterial Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1955, to 12-8-1959 and last saw her/him alive on 12-8-1959
Death occurred at 6:25 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm. A. Fuson MD
22b. ADDRESS Trenton Mo
22c. DATE SIGNED 12-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/10/1959
23c. NAME OF CEMETERY OR CREMATORY Edinburg Cemetery
23d. LOCATION (City, town, or county) (State) Edinburg, Missouri

24. FUNERAL DIRECTOR ADDRESS Gipson Funeral Home, Trenton, Mo.
25. DATE RECD. BY LOCAL REG. 12-10-59
26. REGISTRAR'S SIGNATURE Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Hal Thomson

Licensed Embalmer No. 3408

P. O. Address Trenton, Ms

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