URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-027443

FILED VS JUL 18 1960

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 5598 Registrar's No. 87

ENDED

1. PLACE OF DEATH
a. COUNTY JOHNSON COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centerview Township, Length of stay in 1b 52 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION A.C.Owings Farm, Centerview Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First EVERETT Middle HARLAN Last BOYER,

4. DATE OF DEATH Month July Day 12th, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Feb.17,1896
9. AGE (last birthday) 64 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) Farmer,
10b. KIND OF BUSINESS OR INDUSTRY General Farming
11. BIRTHPLACE (City and state or country) Hopkins, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Vinton V. Boyer,
13b. MOTHER'S MAIDEN NAME Laura Jane VanCamp,
14. NAME OF HUSBAND OR WIFE Ruth Boyer,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 490-05-938I
17. INFORMANT Address Mrs.Ruth Boyer, Centerview, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	20 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary insufficiency	6 mo.
DUE TO (c)	Arteriosclerosis	10 yrs.

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 Oct 8, 1959, to 7-12,1960 and last saw her him alive on 7-9-60
Death occurred at 5:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O.H. Sammon M.D.
22b. ADDRESS Warrensburg, Missouri
22c. DATE SIGNED 7-13-1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-15-1960
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery,
23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

24. FUNERAL DIRECTOR ADDRESS The Brauningers, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG. July 18, 1960
26. REGISTRAR'S SIGNATURE Savannah Cutchfield

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS DEC 28 1960

STATEMENT BY LICENSED EMBALMER

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

or by me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R A Brauninger

Licensed Embalmer No. 3327

P. O. Address Warrensburg

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