URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-027768

FILED VS AUG 1 0 1960

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 45

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bridges Twp. Length of stay in 1b 9 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First Daniel Middle H. Last Boyer

4. DATE OF DEATH Month 7 Day 30 Year 60

5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-21-1882
9. AGE (last birthday) 78 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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Own
11. BIRTHPLACE (City and state or country) Alliance Ohio
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Boyer
13b. MOTHER'S MAIDEN NAME Mary Jane Harlan
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.
17. INFORMANT Albert Allen Address Gainesville 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 Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
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 —, to — and last saw her/him alive on —
Death occurred at Sat. P.M. 7-30-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John R. Uzzy Coroner
22b. ADDRESS Gainesville Mo.
22c. DATE SIGNED 8-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-2-60
23c. NAME OF CEMETERY OR CREMATORY Lilly Ridge
23d. LOCATION (City, town, or county) Ozark Co. (State) Mo.

24. FUNERAL DIRECTOR Clinkingbeard ADDRESS Gainesville
25. DATE RECD. BY LOCAL REG. 8-4-60
26. REGISTRAR'S SIGNATURE Thava Mahan

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John R. Ukrey

Licensed Embalmer No. 488

P. O. Address Gainesvil

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