

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041737

FILED VS NOV 21 1960 / 32

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. ~~0000~~ Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <i>Grundy</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Grundy</i>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Salt</i>	Length of stay in 1b <i>15 yrs</i>	c. CITY OR TOWN <i>Salt</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIE M BOYERS</i>			4. DATE OF DEATH Month Day Year <i>11-12-1960</i>			
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-22-1888</i>	9. AGE (last birthday) <i>72</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired Farmer</i>	11. BIRTHPLACE (City and state or country) <i>Lindley mo</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13a. FATHER'S NAME <i>m s Boyers</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Bailey</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Chuman Boyers</i>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>World War I</i>	16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT Address <i>Mary Chuman Boyers Salt mo</i>
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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)	<i>Cardiac failure with plural effusion</i>	<i>48 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>arterio sclerosis (patient had a large ventral hernia)</i>	<i>10-15 years</i>
	DUE TO (c) <i>Chronic myocarditis & decompensate</i>	<i>10-20 years</i>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE
21. I attended the deceased from <i>July 1950</i> to <i>Nov-1960</i> and last saw her alive on <i>11-12-60</i> Death occurred at <i>12:50 P.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>A. W. Eitel D.D.</i>	22b. ADDRESS <i>Salt Mission N.Y. 44164</i>	22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-14-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Boyers Cemetery</i>	23d. LOCATION (City, town, or county) <i>Salt mo.</i>
24. FUNERAL DIRECTOR <i>Rayne Sumner Home Salt mo</i>		25. DATE RECD. BY LOCAL REG. <i>11-14-60</i>	26. REGISTRAR'S SIGNATURE <i>Frenez Jar</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 22 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Salt

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.