

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017413

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **918** Primary Registration District No. **1003** Registrar's No. **3691** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 17 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Breckenridge	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 3227 Airway	
3. NAME OF DECEASED (Type or print) First Middle Last John W. Boyer Jr.		4. DATE OF DEATH Month Day Year March 29, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/7/63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John W. Boyer Sr.		13b. MOTHER'S MAIDEN NAME Shirlynn Holt	
14. NAME OF HUSBAND OR WIFE Single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address John W. Boyer Sr. 3227 Airway	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) Fracture dislocation in the Cervical region; apparently suffered while deceased was being carried			
DUE TO (b) by father who stumbled in the yard of his home in Overland, Missouri, on March 29th, 1963.			
DUE TO (c) ACCIDENT			
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.
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT <input checked="" 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.) See Above			20c. TIME OF INJURY ? Hour a.m. p.m. Month, Day, Year 3-29-63
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Yard of Home 30	
20f. CITY, TOWN, OR LOCATION Overland, Missouri		20g. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Stephen J. Collier</i>		22b. ADDRESS 1300 Clair	
22c. DATE SIGNED 4-1-63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/1/63	
23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery		23d. LOCATION (City, town, or county) St. Ann, Mo.	
24. FUNERAL DIRECTOR Collier Mortuary, St. Ann, Mo.		25. DATE RECD. BY LOCAL REG. APR 1 1963	
26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

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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

Sheldon Callier

Licensed Embalmer No. 3382

P. O. Address St. Ann Mo.

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.