

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11981
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>999</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>4 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stockton</u>		d. STREET ADDRESS (If rural, give location) <u>2207 G. L. Drake St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Boyd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By date) <u>Widowed</u>		8. DATE OF BIRTH <u>January 28, 1898</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) <u>Hospital attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel L. Boyd</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Clark</u>		14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u>+</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Transcribed carried in wallet</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc.—It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Fracture of neck.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Left Chest</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture both legs.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 5/6 66</u> <u>6 2 6</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>High 6 to 8 columns</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pacific, Franklin Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/24/1949 1305</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Chuck brookside by truck</u>			
22. I hereby certify that I attended the deceased from <u>4-24</u> , 19 <u>49</u> , to <u>while suffering</u> , and that death occurred <u>at 30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. L. Shaffer</u> (Degree or title) <u>3 Coronet</u>				23b. ADDRESS <u>Luluhan, Mo.</u>		23c. DATE SIGNED <u>April 25, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 26, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Leanne, Ill.</u>		24d. LOCATION (City, town, or county) (State) <u>Ill.</u>	
DATE REC'D BY LOCAL REG. <u>April 25, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		990		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Sheno Pacific Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 20 1959

Date Filed _____
MAY 9 1949
District File Number 4-49-32
District Health Officer No. 9,

RECEIVED

MAY 20 1959

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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.

Signed Irvin L. Hughes

Licensed Embalmer No. 3003

Signed _____
Student Embalmer

P. O. Address Payco 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 this body is not embalmed, fact should be so stated above.