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FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15632

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 141

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>HENRY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brownington MO</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>1 PRAIRIE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GENL HOSPITAL</u> | | | |

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|---|-------------|-----------|--|-------------------------------|---|---|---|---|-------------------|--------------------|-------------------|
| 3. NAME OF DECEASED (Type or Print) <u>MINNIE EMMA ELIZABETH BOYD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 29 1949</u> | | | | | | | | |
| a. (First) | b. (Middle) | c. (Last) | 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>7-21-1888</u> | 9. AGE (In years last birthday) <u>60</u> | 10. MONTHS <u>10</u> | 11. DAYS <u>7</u> | 12. HOURS <u>7</u> | 13. MIN. <u>7</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) <u>KANSAS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |

| | | | | | |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>CHAS A DODY</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIGA JANE BLACKBURN</u> | | 14. NAME OF HUSBAND OR WIFE <u>LEE BOYD</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Lee Boyd</u> ADDRESS <u>Brownington</u> | |

| | | | | | | | |
|--|--|--------------------------------------|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u> | | DUE TO (b) <u>Carcinoma of colon</u> | | | | <u>6 days</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | | <u>Embodiment</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | <u>153V</u> | |

| | | | | | |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION <u>May 28, 1949</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction & Carcinoma of colon</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from May 27, 1949, to May 29, 1949, that I last saw the deceased alive on May 24, 1949, and that death occurred at 3:30 P m., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|--|--|
| 23a. SIGNATURE <u>S. B. Hughes, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Clinton, Mo.</u> | | 23c. DATE SIGNED <u>5/30/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-31-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Brownington Cem</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Brownington MO</u> | | DATE REC'D BY LOCAL REG. <u>5-28-49</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> ADDRESS <u>425</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Consalus</u> | | ADDRESS <u>Clinton MO</u> | | | |

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

RECEIVED

District Health Officer No.

District File Number 54971

Date Filed 6-8-49

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 N. J. Varsant.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3779.....

P. O. Address Clinton.....

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.