

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12145

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 148

21420

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Guthrie</u>	
c. LENGTH OF STAY (In this place) <u>18 HRS</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mi North Guthrie Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u>		b. (Middle) _____	
c. (Last) <u>Boyd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb 28-1884</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Cotton Boyd</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Nash</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Vaughn</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>Mrs. Margaret Bedworth Guthrie</u>		ADDRESS _____	
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* (a) <u>Congestive Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes - arterio Sclerosis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) _____		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 <u>Dec 15, 1948</u> to <u>April 30, 1950</u> , that I last saw the deceased alive on <u>April 29, 1950</u> , and that death occurred at <u>7-50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. M. Ruck MD</u> (Degree or title)		23b. ADDRESS <u>New Bloomfield Mo</u>	
23c. DATE SIGNED <u>May 2-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>May 2-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oakley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 4-1950</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Zach Claypool</u>		ADDRESS <u>New Bloomfield Mo</u>	

District File Number _____
District Health Office _____
9, _____
MAY 5 1960
RECEIVED

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
Student Embalmer

Signed Le Roy Clayton

Licensed Embalmer No. 4472

P. O. Address New Bloomfield

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.