

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25826

BIRTH NO.		REG. DIST. NO. 352	PRIMARY REG. DIST. NO. 4518	Registrar's No. 58
1. PLACE OF DEATH a. COUNTY Tamey		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Tamey		
b. CITY (If outside corporate limits, write RURAL and give township) Hallenton		c. CITY (If outside corporate limits, write RURAL and give township) Hallenton 1060		
c. LENGTH OF STAY (In this place) 18 1/2		d. STREET ADDRESS (If rural, give location) MO		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) MO		
3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Aron c. (Last) Boyd		4. DATE OF DEATH (Month) (Day) (Year) 7 - 30 - 50		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 26 - 1895	9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Scotland, MO
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME James R. Boyd		13b. MOTHER'S MAIDEN NAME Ethel Boyd		14. NAME OF HUSBAND OR WIFE Joseph Boyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, not known) No		16. SOCIAL SECURITY NO. 491-32-8725		17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Boyd
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis (upper right) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs 8 MO
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 Jan 1950, to July 30, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 10 P. M., from the causes and on the date stated above.				
23a. SIGNATURE M. Rubin (Degree or title) Me		23b. ADDRESS B. Branson		23c. DATE SIGNED 8/1/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-3-50		24c. NAME OF CEMETERY OR CREMATORY Park Memorial
24d. LOCATION (City, town, or county) Branson		24e. LOCATION (City, town, or county) (State) MO		
DATE REC'D BY LOCAL REG. Aug 4-1950		REGISTRAR'S SIGNATURE L. E. Cogwell 376		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. O. Whalley Branson MO

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO:  
District No. 5 - Springfield

RECEIVED AUG 7 1950

Dist. File 850-934

Date Filed 8-7-50

AUG 10 1950

**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 Minnie L. Wheeler

Signed.....  
Student Embalmer

Licensed Embalmer No. 2227

P. O. Address Brownson M

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.