

FILED NOV 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32581

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>269</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>73 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>0134</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300 Cherry St.</u>				d. STREET ADDRESS (If rural, give location) <u>300 Cherry St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u>			b. (Middle) <u>ELLIOT</u>		c. (Last) <u>BOYD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24th 1950</u>
5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>2-3-1877</u>		9. AGE (In years last birthday) <u>73</u>	# UNDER 1 YEAR Months Days	# UNDER 1 MTH. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Luke Collins</u>			13b. MOTHER'S MAIDEN NAME <u>Henretta Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Charlie Boyd</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Kelle, Columbia Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>4200</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>Mar</u> , 1950 to <u>10-24</u> , 1950, that I last saw the deceased alive on <u>10-24</u> , 1950, and that death occurred at <u>7</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Roland P. Sederson, MD</u> (Degree or title)				23b. ADDRESS <u>16 N. 10th St.</u>		23c. DATE SIGNED <u>10-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-28-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 27, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stuart D. Parker, Columbia, Mo.</u>			

(Licensed Embelmer's Statement on Reverse Side)

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

RECEIVED

10/3/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

10/3/50

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, ~~and~~

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Stuart P. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia, 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.