

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1951

BIRTH NO. _____ REG. DIST. NO. **38-2** PRIMARY REG. DIST. NO. **6195** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give township) Paint Lickout MO	c. LENGTH OF STAY (In this place) 5 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Paint Lickout MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) Sliver to Rural	

3. NAME OF DECEASED (Type or Print) Samuel Laraway Boy			4. DATE OF DEATH (Month) (Day) (Year) 1-1-51		
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 6 - 1887		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Lead Hill Ark.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Boy		13b. MOTHER'S MAIDEN NAME Mary Alice Ann Plummer Morgan		14. NAME OF HUSBAND OR WIFE Mrs Ruby Boy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 431-01-4814		17. INFORMANT'S SIGNATURE OR NAME Mrs Ruby Boy	
				ADDRESS Booth	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 1 week 24-50
		b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____			Jan 1 - 51
		c. DUE TO (c) _____			Galang
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4908			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 **Dec 24, 1950**, to **Jan 1, 1951**, that I last saw the deceased alive on **Dec 1, 1951**, and that death occurred at **6:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. C. H. Heltner		(Degree or title)		23b. ADDRESS PO 2, Branson MO		23c. DATE SIGNED 1-1-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-3-51		24c. NAME OF CEMETERY OR CREMATORY Blue Eye MO		24d. LOCATION (City, town, or county) (State) Blue Eye MO	
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DATE REC'D BY LOCAL REG. 1-1-1951		REGISTRAR'S SIGNATURE J E Corwell		37b. FUNERAL DIRECTOR'S SIGNATURE Christian Funeral Home		ADDRESS Taney	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7060
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **JAN 15 1951**

Dist. File 137-130

Date Filed 1-15-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Norman Andrews

Signed.....
Student Embalmer

Licensed Embalmer No. 630

P. O. Address Marion, Ark

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.