

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **22453**

BIRTH NO. _____		REG. DIST. NO. <b>72</b>		PRIMARY REG. DIST. NO. <b>4134</b>		Registrar's No. <b>54</b>	
1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Smithville</b>		c. LENGTH OF STAY (in this place) <b>9 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Smithville</b>		<b>6240</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Smithville Community Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>None</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Edward</b> c. (Last) <b>Boyd</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 7 1951</b>				
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 14, 1888</b>		9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jack Boyd</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Mayabb</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Youtsey Boyd</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-32-4484</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Oliver Boyd Smithville, Missouri</b>			
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						INTERVAL BETWEEN ONSET AND DEATH <b>9 DAYS</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infarction of Myocardium, Anteroseptal, Acute</b>		ANTECEDENT CAUSES (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (c) <b>Anterior-cerebral Heart Disease</b>		<b>3 yrs +</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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)		<b>4200</b>	
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 <b>June 28, 1951</b> , to <b>July 7, 1951</b> , that I last saw the deceased alive on <b>July 7, 1951</b> , and that death occurred at <b>10:20 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Oliver Novota, M.D.</b>				23b. ADDRESS <b>Smithville, Mo.</b>		23c. DATE SIGNED <b>July 9-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 9, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Smithville Missouri</b>		
DATE REC'D BY LOCAL RES. <b>7-9-1951</b>		REGISTRAR'S SIGNATURE <b>Beverly Kitchener</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McComas Funeral Home</b>		ADDRESS <b>Smithville, Mo.</b>	

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



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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Missouri

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.