

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2995

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clay County Annex
c. LENGTH OF STAY (in this place) 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION 3101 Russell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clay County Annex
d. STREET ADDRESS (If rural, give location) 3101 Russell Rd.

3. NAME OF DECEASED a. (First) John b. (Middle) W. c. (Last) Boydston
4. DATE OF DEATH (Month) (Day) (Year) July 12 1951

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Oct. 9, 1868
9. AGE (in years last birthday) 85 10 UNDER 1 YEAR Months 11 UNDER 1 HRS. Hours 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Platte County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Mose Boydston
13b. MOTHER'S MAIDEN NAME Rachel Boydston
14. NAME OF HUSBAND OR WIFE Sally Boydston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
16. SOCIAL SECURITY NO. 494-12-0608
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Boydston 3101 Russell Clay Co. Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Pneumonia
(b) Cerebral Vascular Accident
(c)
INTERVAL BETWEEN ONSET AND DEATH 5 day
6 mo
331X
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
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 NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7-53, 19, to death, 19, that I last saw the deceased alive on 7-16, 1951, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE R.H. Dunham M.D. (Degree or title)
23b. ADDRESS North Ke. Mo.
23c. DATE SIGNED 7/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify) & Burial
24b. DATE 7-14-51
24c. NAME OF CEMETERY OR CREMATORY Camden Point Cem.
24d. LOCATION (City, town, or county) (State) Camden Point, Mo.

DATE REC'D BY LOCAL REG. 7-16-51
REGISTRAR'S SIGNATURE Geraldine Helmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Clay County, Mo.

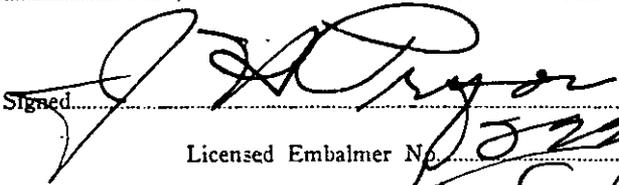
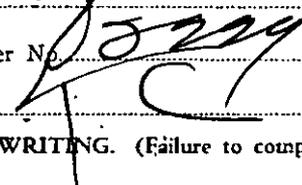
STATEMENT BY LICENSED EMBALMER

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.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 5224
P. O. Address.....


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.