

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30079**

FILED SEP 25 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **506**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 Olive St.		d. STREET ADDRESS (If rural, give location) 212 Olive St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Julia	b. (Middle) Annie	c. (Last) Boyd	4. DATE OF DEATH (Month) (Day) (Year) Sept. 15 - 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 13 - 1876	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME William M. Allen	13b. MOTHER'S MAIDEN NAME Julia Harris	14. NAME OF HUSBAND OR WIFE John W. Boyd
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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. None	17. INFORMANT'S SIGNATURE OR NAME John W. Boyd, Windsor, Mo.	ADDRESS Windsor, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-15**, 19**51**, to **9-15**, 19**51**, that I last saw the deceased alive on **9-15**, 19**51**, and that death occurred at **2 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Ray B Jordan	(Degree or title) Medic Windsor, Mo	23b. ADDRESS Windsor, Mo	23c. DATE SIGNED 9-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 17-1951	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor, Mo.
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DATE REC'D BY LOCAL REG. Sept-17-51	REGISTRAR'S SIGNATURE Florence Adams	422	25. FUNERAL DIRECTOR'S SIGNATURE Ellis M. Huston - Windsor, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

NOV 27 1951

RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-24-51 _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Cecil M. Hinton _____

Licensed Embalmer No. 3391 _____

P. O. Address Windsor, 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.