

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30995**

*Dr. Taylor*  
FILED SEP 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **30995** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY <b>Deming</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Deming</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hoyt</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Steele</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deming Co. Hosp</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Linnie Pearl</b>	b. (Middle)	c. (Last) <b>Boyard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-12-51</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-9-1899</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>3</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Jackson Tenn</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Robert F Alexander</b>	13b. MOTHER'S MAIDEN NAME <b>Della England</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Russell Fisher</b> ADDRESS <b>Steele Mo</b>
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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 <b>6 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Colon &amp; Metastases</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	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"/>
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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 **28 Aug. 1951**, to **12 Sept. 1951** that I last saw the deceased alive on **11 Sept. 1951**, and that death occurred at **Pica m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E-L Taylor, M.D.</b>	23b. ADDRESS <b>Steele, Mo.</b>	23c. DATE SIGNED <b>12 Sept 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-13-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Int Zion</b>	24d. LOCATION (City, town, or county) (State) <b>Steele Mo</b>
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DATE REC'D BY LOCAL REG. <b>9-25-51</b>	REGISTRAR'S SIGNATURE <b>John W. German</b>	40	25. FUNERAL DIRECTOR'S SIGNATURE <b>German and Co</b> ADDRESS <b>Steele Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9-51-238

Rec, SEP 26 1957

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

OCT 29 1957

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

*John W. German*

Signed.....  
Student Embalmer

Licensed Embalmer No. *A 355*

P. O. Address *Hayti, 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.