No. 300
10.48

FILED NOV 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44315

State File No. .....

BIRTH NO. 70601 REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 5907 Registrar's No. 54

#0780

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Steele Coater Twp
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Steele Coater Twp
d. STREET ADDRESS (If rural, give location) Route 0780

3. NAME OF DECEASED (Type or Print) a. (First) Wayne b. (Middle) c. (Last) Boyd

4. DATE OF DEATH (Month) (Day) (Year) 10-31-51

5. SEX M 2 6. COLOR OR RACE Col 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH 10-31-51 9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Steele Mo 0 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Earnest Boyd 13b. MOTHER'S MAIDEN NAME Minnie Thomas 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Ernest Boyd ADDRESS Steele Mo. R#3

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangled

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Amend
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 7620 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) m. 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* 10-21, 1951, *to* 10-21, 1951, *that I last saw the deceased alive on* 11:20 AM 1951, *and that death occurred at* 11:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Nora Harris M.W. 23b. ADDRESS P.O. Box 697 Caruthersville Oct 31 23c. DATE SIGNED 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-1-51 24c. NAME OF CEMETERY OR CREMATORY Holly Grove 24d. LOCATION (City, town, or county) (State) Steele Mo

DATE REC'D BY LOCAL REG. 10-21-51 REGISTRAR'S SIGNATURE S L Robinson 249 25. FUNERAL DIRECTOR'S SIGNATURE German Undt Co ADDRESS Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

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

11-51279

Rec. NOV 8 1951

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

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 Not Embalmed, working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.