FILED FEB 26 1952

STANDARD CERTIFICATE OF DEATH

State File No. 5859

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5831 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Franklin
c. LENGTH OF STAY (In this place): 61 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Franklin
d. STREET ADDRESS (If rural, give location): Stella, Mo. R#1 0730

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Berniece
c. (Last): Boyed

4. DATE OF DEATH (Month) (Day) (Year): Febr. 5 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 22 1859
9. AGE (In years last birthday): 92 — If under 1 year: Months 6, Days 14 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Grayson
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Janes Boyed (Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Pearl Sligar — ADDRESS: Cassville, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Extreme Dehydration

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: None
19b. MAJOR FINDINGS OF OPERATION: None
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): —
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* 2-1, 1952, *to* 2-5, 1952, *that I last saw the deceased alive on* 2-4, 1952, *and that death occurred at* 8:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin McCullough D.O.
23b. ADDRESS: Sav. Bk. Bldg. Neosho, Mo
23c. DATE SIGNED: 2/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-9-52
24c. NAME OF CEMETERY OR CREMATORY: Wanda Cem.
24d. LOCATION (City, town, or county) (State): Stark City, Mo. R#

DATE REC'D BY LOCAL REG.: 2-18-1952
REGISTRAR'S SIGNATURE: Alpha Dyer 369
25. FUNERAL DIRECTOR'S SIGNATURE: Wm Morris Pogue — ADDRESS: Wheaton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number 252-14

Date Filed FEB 19 1952

NEWTON COUNTY HEALTH UNIT

NEOSHO, 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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Wm Moores Rogers

Signed _____
Student Embalmer

Licensed Embalmer No. 3442

P. O. Address Wheatland, 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.