No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Stub

May 17522

State File No.

BIRTH NO. FILED MAY 29 1952 REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5982 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Polk 0840
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1½ Mi. SW of Pleasant Hope
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): 1½ Mi. SW of Pleasant Hope

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Polk 0840
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star Route, Pleasant Hope, Mo
d. STREET ADDRESS (If rural, give location): 1½ Mi. SW of Pleasant Hope Mo

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

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 23, 1873
9. AGE (In years last birthday): 79 — If under 1 year: Months 11, Days 23 — 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: housekeeping
11. BIRTHPLACE (City and State or Foreign Country): Granger Co. Tenn
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William Collins
13b. MOTHER'S MAIDEN NAME: Lucy Russell
14. NAME OF HUSBAND OR WIFE: James William Boyd

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 — ADDRESS: Rennie P. Boyd, Rogersville, Mo.

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) Medullary paralysis — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral thrombosis — 3 days
DUE TO (c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332 X
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* Jan. 25, 1951, *to* May 15, 1952, *that I last saw the deceased alive on* May 15, 1952, *and that death occurred at* 3 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry R. Agnew D.O.
23b. ADDRESS: Pleasant Hope, Mo.
23c. DATE SIGNED: May 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Johns Chapel Cemetery.
24d. LOCATION (City, town, or county) (State): Near Ash Grove Mo.

DATE REC'D BY LOCAL REG.: 5-19-1952
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon 258-0
25. FUNERAL DIRECTOR'S SIGNATURE: Willard B. Cowne
ADDRESS: Pleasant Hope, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.