

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19633**
Registrar's No. **253**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY Calloway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Pike Co., Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	
c. LENGTH OF STAY (In this place) 89, 11/20, 10/2		d. STREET ADDRESS (If rural, give location) Unk	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Evelyn		b. (Middle)	c. (Last) Boyd
4. DATE OF DEATH (Month) (Day) (Year) July 6 1952			
5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 4 Feb 1912
9. AGE (In years last birthday) 40	10. MONTHS 5	11. DAYS 2	12. HOURS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) MO	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN BOYD		13b. MOTHER'S MAIDEN NAME Lenora Smith	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk		16. SOCIAL SECURITY NO. Unk	17. INFORMANT'S SIGNATURE OR NAME State Hospital Records ADDRESS Fulton, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leucic meningio Encephalitis		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
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"/>
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)	0257
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1 July , 19 52 , to 6 July , 19 52 , that I last saw the deceased alive on 6 July , 19 52 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ralf Hawkins Per 950 M.D.		23b. ADDRESS Fulton, Mo	23c. DATE SIGNED 6 July 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 8 - 1952	24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery Louisiana	24d. LOCATION (City, town, or county) (State) Mo
DATE REC'D BY LOCAL REG. July 7 - 1952	REGISTRAR'S SIGNATURE Maretha Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Lumber Home, Fulton, Mo ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 William C. Trehs

Licensed Embalmer No. 4870

P. O. Address Fulton, 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.