

JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19945

BIRTH NO.		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 5339		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Dade County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Rock Prairie		c. LENGTH OF STAY (In this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) Rural Rock Prairie			
d. FULL NAME OF HOSPITAL OR INSTITUTION Ash Grove Mo. R.F.D. #1				d. STREET ADDRESS (If rural, give location) Ash Grove Mo. R.F.D. #1			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Hubert		c. (Last) Boyd		4. DATE OF DEATH (Month) (Day) (Year) June 12 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 22, 1874	
9. AGE (In years last birthday) 77		10. SEX (In years last birthday) 6		11. BIRTHPLACE (City and State or Foreign Country) Dade Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) Dade Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. R. Boyd		13b. MOTHER'S MAIDEN NAME Caldonia Crockett		14. NAME OF HUSBAND OR WIFE Carrie White Boyd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Allene Boyd		ADDRESS Ash Grove Mo. Rt. 1	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac decompensation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular arteriosclerosis 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 8 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4221		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)			
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 6-10, 1952, to 6-12, 1952, that I last saw the deceased alive on 6-12, 1952, and that death occurred at 3:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Florence F. Math				23b. ADDRESS Ash Grove, Missouri		23c. DATE SIGNED 6-14-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery		24d. LOCATION (City, town, or county) (State) Ash Grove Mo.	
DATE REC'D BY LOCAL REG. 6-14-52		REGISTRAR'S SIGNATURE Geo. L. Weir		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Birch		ADDRESS Ash Grove, 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

Richard E Watts

Licensed Embalmer No. *4652*

P. O. Address *Ash Grove, 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.