.S. No. 300
ev. 10-48

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

FILED SEP 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27707

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 833

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN: SPRINGFIELD
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): 1206 E. COMMERCIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): REED SPRINGS 1040
d. STREET ADDRESS (If rural, give location): REED SPRINGS

3. NAME OF DECEASED (Type or Print)
a. (First): ~~[illegible]~~ Isaac
b. (Middle): B.
c. (Last): BOYD

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 11 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 8 FEB. 1882
9. AGE (In years last birthday): 70
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STONE MASON
10b. KIND OF BUSINESS OR INDUSTRY: MASONRY
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN R. BOYD
13b. MOTHER'S MAIDEN NAME: SINCLARE
14. NAME OF HUSBAND OR WIFE: 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.: NO
17. INFORMANT'S SIGNATURE OR NAME: MRS. BERT MORELOCK
ADDRESS: SPRINGFIELD, 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) Encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 14 da.

ANTECEDENT CAUSES

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

DUE TO (b) _____

DUE TO (c) Chronic Cholitis — Several years

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 ☐ 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* 8-29, 1952 *to* 9-11, 1952 *that I last saw the deceased alive on* 8-9-7, 1952 *and that death occurred at* 2:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C E Feller MD
23b. ADDRESS: 608 Chery Springfield Mo
23c. DATE SIGNED: 9-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-14-52
24c. NAME OF CEMETERY OR CREMATORY: WALNUT SHADE CEMETERY
24d. LOCATION (City, town, or county): TANEY COUNTY
(State): MO.

DATE REC'D BY LOCAL REG.: 9-13-52
REGISTRAR'S SIGNATURE: Deputy Edith Williamson Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: J. W. KLINGNER & CO.
ADDRESS: SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Slone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.