

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28704

State File No. _____

ED SEP 11 1952

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| BIRTH NO. _____ | | REG. DIST. NO. <u>195</u> | | PRIMARY REG. DIST. NO. <u>5706</u> | | Registrar's No. <u>61</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Anderson.</u> | | c. LENGTH OF STAY (In this place) <u>12</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Anderson.</u> | | <u>0600</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Route 2.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> | | b. (Middle) <u>Ottis</u> | | c. (Last) <u>Boyd.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24. 1952.</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u> | | 8. DATE OF BIRTH <u>Jan. 1. 1887</u> | | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lead & Zinc.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Leslie Arkansas.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>America.</u> | |
| 13a. FATHER'S NAME <u>Jim Boyd.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Jennings.</u> | | 14. NAME OF HUSBAND OR WIFE <u>Stella Boyd.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>430-03-2124</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Boyd Anderson, Mo. R. r. 2</u> | | | |
| 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) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 <u>5 years</u> | |
| 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) | | <u>002X</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 <u>1-1</u> <u>1949</u> , to <u>8-24</u> , <u>1952</u> , that I last saw the deceased alive on <u>8-24</u> , <u>1952</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>S. W. Blankenship M.D.</u> | | | | 23b. ADDRESS <u>Anderson Mo.</u> | | 23c. DATE SIGNED <u>8-27-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u> | | 24b. DATE <u>8-24-1952.</u> | 24c. NAME OF CEMETERY OR CREMATORY: <u>B.A. R.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Miami, Okla.</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-10-52</u> | | REGISTRAR'S SIGNATURE <u>Wayne Humphrey</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson Hunter</u> | | ADDRESS <u>Bicher, Okla.</u> | |
| (Inclosed Embalmer's Statement on Reverse Side) <u>Estimate Robertson</u> | | | | | | | |

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

600
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No. 1289

P. O. Address Fisher, Okla

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.