

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21057

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5387 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>RURAL, Fishing River</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> <u>0000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles South West Excelsior Springs</u>		d. STREET ADDRESS (If rural, give location) <u>725 South Marietta</u>	

3. NAME OF DECEASED (Type or Print) <u>BOYD</u>	a. (First)	b. (Middle)	c. (Last) <u>ROE</u>	4. DATE OF DEATH <u>JUNE 6, 1953</u> (Month) (Day) (Year)
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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>AUG. 8, 1907</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>RAY COUNTY, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Roe</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Woods</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Mae Roe, Ex. Sp.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-18-1692</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Mae Roe</u> ADDRESS <u>725 South Marietta Ex. Sp.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>25 min.</u> <u>25 min.</u> <u>25 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severed spinal cord</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture cervical spine</u> DUE TO (c) <u>Tractor accident.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9'12'3</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT OUTSIDE HOME OR HOME (Specify) <u>Farm</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Excelsior Springs Clay</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY <u>6-8-53 6:40 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Climbed too high on tank in turning, tractor rolled.</u>
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22. I hereby certify that I attended the deceased from 6-6, 1953, to 6-6, 1953, that I last saw the deceased alive on 6-6, 1953, and that death occurred at 6:25 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>David M. Muggins M.D.</u> (Degree or title)	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>6-8-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 8/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/20/53</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	62-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home, Ex. Sp. Mo.</u> ADDRESS <u></u>
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JUL 10 1954

MAY 24 1954

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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Greelsior Springs, W.

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.