

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHDR. HANSS  
State File No. 21277  
637

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>637</u>		
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>				
b. CITY OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>42 YRS.</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURGE HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>511 E. GRAND</u> <u>0396</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>IVA</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>BOYTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 6 1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 29 1886</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>CHRISTIAN COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>J. J. HERNDON</u>			13b. MOTHER'S MAIDEN NAME <u>PEMBELTON</u>		14. NAME OF HUSBAND OR WIFE <u>ROSCOE C. BOYTS</u>			
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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. C. BOYTS</u> <u>SPRINGFIELD, MO.</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>Coronary thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  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>17 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) _____		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>Sept. 1949</u> to <u>July 6, 1953</u> , that I last saw the deceased alive on <u>July 5, 1953</u> , and that death occurred at <u>7:20am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. H. Lohmeyer M.D.</u>				23b. ADDRESS <u>Springfield Mo.</u>		23c. DATE SIGNED <u>7-6-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/8/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>			
DATE REC'D BY LOCAL REG. <u>7-8-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. LOHMEYER</u> <u>SPRINGFIELD, MO.</u>				

(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 D. H. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.