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FILED AUG 10 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25815

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 63

**1. PLACE OF DEATH**
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1919 Rufus St

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville,
d. STREET ADDRESS (If rural, give location): 1919 Rufus St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) None c. (Last) Boyd
4. DATE OF DEATH (Month) (Day) (Year): Aug 1 53
5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): Unknown — 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): Retired Minister
10b. KIND OF BUSINESS OR INDUSTRY: Pastoring
11. BIRTHPLACE (City and State or Foreign Country): Choctau Co. Miss
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Marsh Boyd
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Maggie Boyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 499-03-8383
17. INFORMANT'S SIGNATURE OR NAME: Maggie Boyd — ADDRESS: 1919 Rufus, C'ville

**MEDICAL CERTIFICATION**

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES

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

DUE TO (b) Obstruction of urinary

DUE TO (c) tract by Enlarged Prostate gland

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: 610X
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* 10 Jan, 1953, *to* 1 Aug, 1953, *that I last saw the deceased alive on* 1 Aug, 1953 *and that death occurred at* 1:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Caruthersville, Mo
23c. DATE SIGNED: 1 Aug 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4 ~~Aug~~ Aug53
24c. NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
24d. LOCATION (City, town, or county) (State): Caruthersville

DATE REC'D BY LOCAL REG.: Aug 3, 1953
REGISTRAR'S SIGNATURE: Irene B. Wilkes
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] ADDRESS: C'ville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

8-248-53

EMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 7 1953

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 None Student Embalmer No. None working under my personal supervision.

Student None
Student Embalmer

Signed R. B. Wood

Licensed Embalmer No. 4839

P. O. Address Cutler Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.