

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

35132

State File No. _____
Registrar's No. 450

FILED NOV 12 1953

BIRTH NO. 72001 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>1 wk.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Poplar Bluff Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Debra</u> b. (Middle) <u>Kay</u> c. (Last) <u>Boyet</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-31-1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
8. DATE OF BIRTH <u>Oct. 12, 1953</u>		9. AGE (In years last birthday) <u>0</u>		10. UNDER 1 YEAR (Days) <u>19</u> 11. UNDER 1 MIN. (Hours) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Hopkins Clinic, Gideon, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Roy Boyet</u>		13b. MOTHER'S MAIDEN NAME <u>Illine Rhine</u>		14. NAME OF HUSBAND OR WIFE <u>Child</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Boyet Gideon, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacillary Dysentery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
ANTECEDENT CAUSES		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) <u>organism unknown</u>		
DUE TO (c)		
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 <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) <u>10:45 PM</u>		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 Oct 26, 1953, to Oct 31, 1953, that I last saw the deceased alive on Oct 31, 1953, and that death occurred at 12:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. Wickham, M.D.</u>		23b. ADDRESS <u>Clyde St. St. Louis, Mo.</u>		23c. DATE SIGNED <u>11-1-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Malden, Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>11/6/53</u>		REGISTRAR'S SIGNATURE <u>R. W. Meredith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Piggott, Ark.</u>	
REG. NO. <u>489</u>		ADDRESS			

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

No. 300
10-48

RECEIVED

NOV 9 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Was

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed

Floyd Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509- Ark

P. O. Address Piggott, Ark.

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.