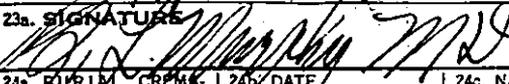


**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36514**

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **385**

1. PLACE OF DEATH a. COUNTY Marion b. CITY OR TOWN Hannibal, Missouri c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Ralls c. CITY OR TOWN Center, Missouri d. STREET ADDRESS 2870 /			
3. NAME OF DECEASED a. (First) William b. (Middle) Elmer c. (Last) Boyd (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1868	9. AGE (in years last birthday) 85 IF UNDER 1 YEAR: Months 5 Days 7 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Richard Boyd		13b. MOTHER'S MAIDEN NAME Frances Gore		14. NAME OF HUSBAND OR WIFE May Ellis Boyd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. May Boyd Center, Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular-renal disease DUE TO (c) Arterio-sclerosis generalized II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION No			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) 442X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>9-26</u>, 19<u>53</u>, to <u>10-22</u>, 19<u>53</u>, that I last saw the deceased alive on <u>11-22</u>, 19<u>53</u>, and that death occurred at <u>11:00 PM</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) 			23b. ADDRESS Hannibal, Missouri		23c. DATE SIGNED 10/31/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-25-1953		24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery	
24d. LOCATION (City, town, or county) (State) Ralls Co. Missouri		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS  Center, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 9 1953
MARION CO. HEALTH DEPT.
DATE FILED NOV 9 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clyde E. Wilkey
Licensed Embalmer No. 3820

P. O. Address Perry, 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.