

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43764**

FILED DEC 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>5866</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Myrtle</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Myrtle</u>		d. STREET ADDRESS (If rural, give location) <u>0750</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>CATHERINE</u>		a. (First)		b. (Middle) <u>GALE</u>		c. (Last) <u>BOYD</u>	
4. DATE OF DEATH <u>Nov. 25, 1953</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>June 25, 1935</u>		9. AGE (In years last birthday) <u>18</u>		IF UNDER 1 YEAR Months <u>5</u> Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Glasgow, Montana</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Truman Boyd</u>		13b. MOTHER'S MAIDEN NAME <u>Ora Bell</u>		14. NAME OF HUSBAND OR WIFE <u>single</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 ADDRESS <u>Truman Boyd Myrtle, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Oct 1951</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Recess of gland followed Sarcoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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>Oct 1951</u> , to <u>Nov 25, 1953</u> , that I last saw the deceased alive on <u>Nov 25, 1953</u> , and that death occurred at <u>9:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dw Cooper M.D.</u>				23b. ADDRESS <u>Thayer Mo</u>		23c. DATE SIGNED <u>11-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Myrtle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Myrtle, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-19-1953</u>		REGISTRAR'S SIGNATURE <u>Arthur Wolf</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Arthur Wolf</u>		ADDRESS <u>Thayer 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 *James Carter*

Licensed Embalmer No. 4546

P. O. Address *Thayer, 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.