No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44912

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6192 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Reed Spring Rural
c. LENGTH OF STAY (in this place) 30 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MO
b. COUNTY Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Reeds Springs 1060
d. STREET ADDRESS (If rural, give location) Rural 0

3. NAME OF DECEASED (Type or Print)
a. (First) Lunda
b. (Middle) Jane
c. (Last) Boyd

4. DATE OF DEATH (Month) (Day) (Year) 12-29-53

5. SEX Female 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 23 1886
9. AGE (In years last birthday) 68 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home maker
11. BIRTHPLACE (State or foreign country) Swan Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Thomas
13b. MOTHER'S MAIDEN NAME Betty Cook
14. NAME OF HUSBAND OR WIFE Nate Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Nate Boyd Reeds Springs Mo

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) Carcinoma Uterus — INTERVAL BETWEEN ONSET AND DEATH: Oct 2-53

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 172 X
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* Oct 2 *, 1953, to* 12-29 *, 1953, that I last saw the deceased alive on* 12-28 *, 1953, and that death occurred at* 6:35 p.m. *, from the causes and on the date stated above.*

23a. SIGNATURE W C Magness (Degree or title) MD
23b. ADDRESS Branson MO
23c. DATE SIGNED 1-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-31-53
24c. NAME OF CEMETERY OR CREMATORY Walnut Shade
24d. LOCATION (City, town, or county) (State) Walnut Shade Mo.

DATE REC'D BY LOCAL REG. 1-5-54
REGISTRAR'S SIGNATURE K E Copswell 376
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS R O Whitehead Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Minnie E. Whelan

Licensed Embalmer No. 2277

P. O. Address Branson 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.