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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5190**  
Registrar's No. **94**

FILLED **MAR 10 1954**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (in this place) <b>90 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		d. STREET ADDRESS (If rural, give location) <b>1730 Missouri Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>February 23, 1954</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Orville</b>		b. (Middle) <b>Paris</b>		c. (Last) <b>BOYD</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>September 8, 1904</b>		9. AGE (In years last birthday) <b>49</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Construction</b>		11. BIRTHPLACE (State or foreign country) <b>Newton County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Paris Boyd</b>		13b. MOTHER'S MAIDEN NAME <b>Berddie Michaels</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>Yes W.W. # II</b>		16. SOCIAL SECURITY NO. <b>500-05-6682</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Minnie Grieb 2006 Harlem Joplin, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Art. Myocardial Infarction</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>St. Bundle Branch block &amp; Pn</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>5 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>4201</b> - 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) (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 <b>Feb 21, 1954</b> , to <b>Feb 23, 1954</b> , that I last saw the deceased alive on <b>Feb 23, 1954</b> , and that death occurred at <b>9:15A</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harry K. Williams M.D.</b>				23b. ADDRESS <b>717 FRISCO Bldg Joplin Mo</b>		23c. DATE SIGNED <b>Feb 26 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 25, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Saginaw Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saginaw, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3-1-54</b>		REGISTRAR'S SIGNATURE <b>Ed S. James 138</b> <i>by Dolores Sampson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thornhill-Dillon Mort Joplin, Mo.</b>			

MAR 12 1954

MAR 18 1954

APR 14 1954

MAR 8 1954

RECEIVED

Jasper County Health Office

County File Number 54-3-183

Date Filed MAR 8 1954

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Loeiel G. Thornhill

Signed.....  
Student Embalmer

Licensed Embalmer No. 3590

P. O. Address Opalin 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.