No. 300
10.48

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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. 5250

BIRTH NO. FILED FEB 17 1954 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3122 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
c. LENGTH OF STAY (In this place): 55YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 S. LIBERTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
d. STREET ADDRESS (If rural, give location): 212 S. LIBERTY

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3. NAME OF DECEASED (Type or Print): a. (First) LEWIS b. (Middle) ELMER c. (Last) BOYD
4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 11, 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEBRUARY 7, 1868
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 0, Days 4 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BLDG. CONTRACTOR RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING CONTRACTOR
11. BIRTHPLACE (State or foreign country): UTICA, OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: BENJAMIN BOYD
13b. MOTHER'S MAIDEN NAME: CHRISTIANA HELPHREY
14. NAME OF HUSBAND OR WIFE: HANNAH M. BOYD (DECEASED)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: RALPH E. BOYD WEBB CITY, MISSOURI

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocarditis
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 ☐ 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* 2-7, 1954, *to* 2-11, 1954, *that I last saw the deceased alive on* 2-10, 1954, *and that death occurred at* 10:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.
23b. ADDRESS: 223 So Webb City Blvd
23c. DATE SIGNED: 2-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-13-1954
24c. NAME OF CEMETERY OR CREMATORY: CARTERVILLE CEMETERY
24d. LOCATION (City, town, or county) (State): CARTERVILLE, MISSOURI

DATE REC'D BY LOCAL REG.: 2-13-54
REGISTRAR'S SIGNATURE: Mrs. Madeline Swartzer
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1954

RECEIVED FEB 16 1954
Jasper County Health Office
County File Number 54-2-122
Date Filed FEB 16 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 ....., Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.