

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8410**

BIRTH NO. FILED MAR 16 1954 REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4224** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forest City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forest City	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) Boyd c. (Last) Boyd			4. DATE OF DEATH (Month) (Day) (Year) March 7 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Dec. 15 1891		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY School Teacher		11. BIRTHPLACE (City and State or Foreign Country) Forest City Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Asbury Boyd		13b. MOTHER'S MAIDEN NAME Faithful Rebecca Mc Mullin		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Elizabeth Thornhill Forest City, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Uterus		II. OTHER SIGNIFICANT CONDITIONS			about 1 year
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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 **5-18, 1953**, to **March 7 1954**, that I last saw the deceased alive on **3-7, 1954**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. Perry, M.D. (Degree or title)		23b. ADDRESS Forest City Mo		23c. DATE SIGNED 3-9-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 10, 1954		24c. NAME OF CEMETERY OR CREMATORY Forest City	
		24d. LOCATION (City, town, or county) (State) Forest City Missouri			

DATE REC'D BY LOCAL REG. 3-9-1954		REGISTRAR'S SIGNATURE James H. Crawford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James H. Pettigrew Oregon Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

440
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MAY 7 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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon 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.