

FILED SEP 8 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28717

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6074		Registrar's No. 264	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leadwood		c. LENGTH OF STAY (in this place) 18 Yrs.		c. CITY OR TOWN Leadwood		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leadwood				e. STREET ADDRESS (If rural, give location) 0940			
3. NAME OF DECEASED (Type or Print) Lee			a. (First) b. (Middle) c. (Last) Boyd		4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 1, 1879	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker		11. BIRTHPLACE (City and State or Foreign Country) FLAT WOODS, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10b. KIND OF BUSINESS OR INDUSTRY Construction		13a. FATHER'S NAME John Boyd		13b. MOTHER'S MAIDEN NAME Lucy Chatman		14. NAME OF HUSBAND OR WIFE Adele Boyd	
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 Adele Boyd Leadwood, Mo. ADDRESS			
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) NOT KNOWN DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 20 months	
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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Aug 3, 1953, to Aug 31, 1954, that I last saw the deceased alive on 8/16, 1954, and that death occurred at 3 p.m., from the causes and on the date stated above.							
23a. SIGNATURE John W. Huntz, M.D. (Degree or title)				23b. ADDRESS Leadwood Mo.		23c. DATE SIGNED 9/1/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/3/54		24c. NAME OF CEMETERY OR CREMATORY MARVIN CHAPEL		24d. LOCATION (City, town, or county) (State) ST. FRANCOIS COUNTY, MO.	
DATE REC'D BY LOCAL REG. Sept 1, 1954		REGISTRAR'S SIGNATURE Esther Rudloff 289-7		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beth L. Boyer Leadwood, Mo.			

(Licensed Emballer'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.....
Signature of Student Embalmer

Signed *William E. Boyer*

Licensed Embalmer No. *473*

P. O. Address *Leadwood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.