

FILED SEP 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30405**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4222** Registrar's No. **62**

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

1. PLACE OF DEATH a. COUNTY <b>Holt</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bigelow</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bigelow, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>26 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>440</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Florida</b> b. (Middle) <b>Bovd</b> c. (Last) <b>Bovd</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 17, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 27, 1886</b>	9. AGE (In years last birthday) <b>68</b>	10. UNDER 1 YEAR <input type="checkbox"/> MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In the home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bigelow, Missouri</b>	
13a. FATHER'S NAME <b>William Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Bovd</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Bovd, Bigelow, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Stomach</b>			
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 <b>151X</b>		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) (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 **June, 1953**, to **Sept., 1954**, that I last saw the deceased alive on **Sept 17, 1954**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Bruce McRae D.O.</b>		23b. ADDRESS <b>Mount City Mo</b>		23c. DATE SIGNED <b>9/18/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-18-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope</b>	
		24d. LOCATION (City, town, or county) (State) <b>Mount City, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>9-19-1954</b>		REGISTRAR'S SIGNATURE <b>James Crawford</b> 469		25. FUNERAL DIRECTOR'S SIGNATURE <b>James Crawford</b> ADDRESS <b>Mount City, Mo</b>	
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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 Crawford*

Licensed Embalmer No. *4796*

P. O. Address *Normal City, 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.