

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34918
State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Richland, Mo)		c. LENGTH OF STAY (in this place) 52 yrs	c. CITY OR TOWN Richland, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) None 0800	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Martin	b. (Middle) Luther	c. (Last) Boyd	(Month) Nov.	(Day) 3,	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1, 1861		9. AGE (In years last birthday) 93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marcus Boyd	13b. MOTHER'S MAIDEN NAME Mary Unknown	14. NAME OF HUSBAND OR WIFE Minnie Annis Gracey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Minnie Annis Boyd ADDRESS Richland, Mo

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		INTERVAL BETWEEN ONSET AND DEATH 70 days
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) My post-atic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High cholesterol DUE TO (c) old age & Circulation failure		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		7950	

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)	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 1945 to Oct., 1954, that I last saw the deceased alive on Nov 1, 1954, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE L. Myers (Degree or title) P.O.T.	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 15/54	24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	24d. LOCATION (City, town, or county) (State) Richland, Missouri
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DATE REC'D BY LOCAL REG. 11-5-54	REGISTRAR'S SIGNATURE Paula...	458	25. FUNERAL DIRECTOR'S SIGNATURE Hedges ADDRESS Richland, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

b. 300
p. 48

Date Filed 11-6-54
File Number

Quincy County Health Officer

RECEIVED
NOV 5 1954

Funeral

Funeral Home

Funeral

Funeral

Nov. 5, 1954

Board

Funeral

Nov. 5, 1954

Funeral

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 *Clarence D. Moore*

Licensed Embalmer No... 489

P. O. Address *Wagonville*

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.