

**BIRTH NO.** 124      **REG. DIST. NO.** 316      **PRIMARY REG. DIST. NO.** 6074      **Registrar's No.** 394

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Francois</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>		c. CITY OR TOWN <u>Flat River</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>09420</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>A.</u> c. (Last) <u>Boyd</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 14, 1954</u>	
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 15, 1885</u>
<b>9. AGE</b> (In years) (Last birthday) <u>69</u> (Months) <u>3</u> (Days) <u>27</u>		<b>9. AGE</b> (If UNDER 1 YEAR) (Months) (Days) (Hours) (Min.)	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Greenville, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA.</u>	
<b>13a. FATHER'S NAME</b> <u>James Boyd</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Katherine Boyd</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY</b> <u>493-03-9683</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Harold Boyd</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Flat River, Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		INTERNAL BETWEEN ONSET AND DEATH <u>10 minutes</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>10-1-</u> <u>1954</u> <b>to</b> <u>12-14</u> <u>1954</u> <b>, that I last saw the deceased alive on</b> <u>12-14-</u> <u>1954</u> <b>, and that death occurred at</b> <u>3:30 P.M.</u> <b>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>C. E. Howell, D.D.</u>		<b>23b. ADDRESS</b> <u>Flat River, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>12-17-54</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>		<b>24b. DATE</b> <u>Dec. 17, 1954</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Francis Mem. Park</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Boone Tenn. MO.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Dec. 17, 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Ether Redloff</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Raymond Caldwell</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Flat River, Mo.</u>	

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

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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.....  
Signature of Student Embalmer

Signed *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River*

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.