

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7229

State File No. 7229

FILED APR 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> , b. COUNTY <u>Bollinger</u> , c. CITY OR TOWN <u>Sturdivant Rural</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturdivant Rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturdivant Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sturdivant Rural</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>Jacob</u>			a. (First) _____ b. (Middle) <u>Boyd</u> c. (Last) _____		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>31</u> (Year) <u>55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 2 1856</u>		9. AGE (In years last birthday) <u>98</u>	10. IF UNDER 1 YEAR Days <u>6</u> Hours <u>29</u> Min. _____	11. IF UNDER 24 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Bollinger Co Mo, D</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Cato</u>		14. NAME OF HUSBAND OR WIFE <u>Barbara Boyd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Boyd Brownwood Mo,</u>			
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) <u>Myocardial Is</u> ANTECEDENT CAUSES <u>Senility</u> Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Advance Mo.</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>30 April 1955</u> , and that death occurred at <u>8 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Merrill, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Advance Mo.</u>		23c. DATE SIGNED <u>5 April 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4 - 2 - 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cato Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co,</u>	
DATE REC'D BY LOCAL REG. <u>4 - 4 - 55</u>		REGISTRAR'S SIGNATURE <u>William Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Watkins & Sons,</u>		ADDRESS _____	

(Licensed Embalmer'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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.