

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14851

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Charter Oak	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hosp't		e. STREET ADDRESS (If rural, give location) 2 miles S. Charter Oak 1030,			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Perry c. (Last) Boyt			4. DATE OF DEATH (Month) (Day) (Year) May 14 1955		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 8, 1880	9. AGE (In years last birthday) Months Days Hours Min. 74
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Stoddard County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William P. Boyt Jr.	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Cora Boyt.
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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 Cora Boyt	ADDRESS Charter Oak, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis with Myocardial Infarction DUE TO (c) Atherosclerosis		
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 #201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5/13**, 19**55**, to **5/14**, 19**55**, that I last saw the deceased alive on **5/14**, 19**55**, and that death occurred at **6:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. D. Howell P.O. 2	23b. ADDRESS 285. Spanish Cape Girardeau	23c. DATE SIGNED 5/16/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Taylor Cemetery	24d. LOCATION (City, town, or county) (State) Essex Mo. (rural)
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DATE REC'D BY LOCAL REG. 5-19-55	REGISTRAR'S SIGNATURE C. C. Summers 44-0	25. FUNERAL DIRECTOR'S SIGNATURE Walter Forrest Sevier	ADDRESS Parma Mo.
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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..... *Marsh Watkins*.....

Licensed Embalmer No. *471*.....

P. O. Address..... *Porter*.....

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.