

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **644**

FILED JAN 16 1956

BIRTH NO. _____		REG. DIST. NO. 69		PRIMARY REG. DIST. NO. 5272		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Christian County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville R 1		c. LENGTH OF STAY (In this place) 25 yrs		c. CITY OR TOWN Marionville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural's Route 1 Polk				e. STREET ADDRESS (If rural, give location) 0220			
3. NAME OF DECEASED (Type or Print) a. (First) Garrison b. (Middle) Nimrod c. (Last) Boyd			4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1956				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 30, 1863	
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months 11 Days 9		IF UNDER 24 HRS. Hour Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co. Tenn.		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Silas Boyd			13b. MOTHER'S MAIDEN NAME Nancy Pettis		14. NAME OF HUSBAND OR WIFE Mrs. Mattie Boyd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G. N. Boyd, R1 Marionville 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Atherosclerosis DUE TO (c) Longest heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Longy between					INTERVAL BETWEEN ONSET AND DEATH 1 year 9 years 4 9/19
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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.) Polk		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Polk			
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 1939 to Jan 9, 1956 , that I last saw the deceased alive on Jan 8, 1956 , and that death occurred at 2:15p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. P. Copeland M.D.			23b. ADDRESS Marionville Mo		23c. DATE SIGNED 1-9-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 11, 1956		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.		24d. LOCATION (City, town, or county) (State) Marionville, Mo.	
DATE REC'D BY LOCAL REG. 1-9-1956		REGISTRAR'S SIGNATURE Oline Hutter		508		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Surridge Marionville Mo.	

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.....
John P. Arnold

Licensed Embalmer No. *4929*

P. O. Address *ADORA, N.C.*

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.