

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 22 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler		
b. CITY OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Poplar Bluff		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1038 Alice St.			e. STREET ADDRESS (If rural, give location) 1038 Alice St.		
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Robert c. (Last) Boykin			4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1956		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH NOT KNOW ABOUT		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Humboldt, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-16-0796	17. INFORMANT'S SIGNATURE OR NAME Helen Nichols, Chicago, Ill. ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Tumor of epiglottis	ANTECEDENT CAUSES Probably Malignant				6 mo
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 28 Jan, 1956 to 13 Feb, 1956 , that I last saw the deceased alive on 10 Feb, 1956 , and that death occurred at 6:15 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS MD 321 Poplar Bluff, Mo.		23c. DATE SIGNED 7 Mar 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-17-56	24c. NAME OF CEMETERY OR CREMATORY City Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		
DATE REC'D BY LOCAL REG. 3/14/56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell ADDRESS Poplar Bluff, Mo.			

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

+8

RECEIVED
MAR 19 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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 George W. Greer
Licensed Embalmer No. 296

P. O. Address Poplar Bl

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.