

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31515**

FILED OCT 8 1956

BIRTH NO. _____ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **5842** Registrar's No. _____

0730

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a: STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Racine		c. CITY OR TOWN Racine	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 yrs.		e. STREET ADDRESS (If rural, give location) 0730	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Hiram b. (Middle) Randley c. (Last) Boydston			4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1956		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar.	
8. DATE OF BIRTH April 2, 1874		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Newton Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME W.A. Boydston		13b. MOTHER'S MAIDEN NAME Edna Gilstrap		14. NAME OF HUSBAND OR WIFE Lucy	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucy Boydston Racine, Mo.	
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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* acute myocardial failure ANTECEDENT CAUSES Myocarditis 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.			INTERVAL BETWEEN ONSET AND DEATH 4 days 2 months
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222			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 **Aug 15, 1956**, to **Sept. 21, 1956**, that I last saw the deceased alive on **Sept 17, 1956**, and that death occurred at **4:11 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John B. Roberts (Degree or title)?		23b. ADDRESS P.O. Box 295 Seneca Mo.		23c. DATE SIGNED 9/22/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/23/56		24c. NAME OF CEMETERY OR CREMATORY Burkhart Cem.		24d. LOCATION (City, town, or county) (State) Racine, Mo.	
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DATE REC'D BY LOCAL REG. 9-25-56		REGISTRAR'S SIGNATURE Mrs. Irene Russell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.E. Beall Seneca Mo.	
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RECEIVED

District Health Officer No. Newton
District File Number 1056-161
Date Filed OCT 1 1956

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 W. H. Bell

Licensed Embalmer No. 217

P. O. Address Seneca

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.