

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32812

STATE FILE NUMBER

FILED OCT 15 1956

Registration District No. 319 Primary Registration District No. 4468 Registrar's No. 49

Health, Welfare  
Public Service

3000  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Ste. Genevieve Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ste. Genevieve</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Marys</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Marys</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Nathaniel</b> Middle <b>M.</b> Last <b>Boyd</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>10</b> Year <b>1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 18, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
13. FATHER'S NAME <b>Elijah Joel Boyd</b>		11. BIRTHPLACE (City and state or country) <b>Clear Water, Mo.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14. MOTHER'S MAIDEN NAME <b>Harriett Sebastian</b>	
16. SOCIAL SECURITY NO. <b>490-28-9514</b>		17. INFORMANT <b>Elijah Boyd</b> Address <b>St. Marys, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b> DUE TO (b) <b>coronary artery arteriosclerosis</b> DUE TO (c) <b>generalized arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4201</b>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Oct 10 1956</b> to <b>Oct 11 1956</b> and last saw <del>him</del> <b>her</b> alive on <b>Oct 11 1956</b> . Death occurred at <b>7 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Joseph T. Fulkerts MD</b>		22b. ADDRESS <b>St Marys Mo.</b>	
22c. DATE SIGNED <b>Oct 11 1956</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 13, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mayberry Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Plesant Hill Mo.</b>
24. FUNERAL DIRECTOR <b>C. H. Cozcan</b> ADDRESS <b>Farmington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 11, 1956</b>	
26. REGISTRAR'S SIGNATURE <b>Ruick Basler</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

*C. H. Cozeman*

Licensed Embalmer No. 400

P. O. Address Farmington

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.