

XC- 57 24 FILED OCT 26 1956 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33244  
REGISTRAR'S NO. 510

REG. NO. 12779 Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE MISSOURI b. COUNTY STODDARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN ESSEX	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 1 day		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE Last ROY (NMI) BOYD			4. DATE OF DEATH Month Day Year OCTOBER 12, 1956		
5. SEX MALE <input type="radio"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-10-90	9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY BARBERING	11. BIRTHPLACE (City and state or country) CORNING, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME J. C. BOYD			14. MOTHER'S MAIDEN NAME CYNTHIA McKEE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 486380352	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INSULIN SHOCK WITH ENCEPHALOPATHY.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DIABETES MELLITUS DUE TO (c)		260X F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CONTUSIONS & ABRASIONS OF BODY, FACE, MULTIPLE, CAUSE UNDETERMINED.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <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.) VA	20f. CITY, TOWN, OR LOCATION COUNTY STATE CORNING, ARK.

21. I attended the deceased from October 11, 1956, to October 12, 1956. Death occurred at 2:40 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) E. D. BASKETT, M.D., Chief, Medical Svc.	22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	22c. DATE SIGNED 10-15-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-15-56	23c. NAME OF CEMETERY OR CREMATORY Corning Cem.	23d. LOCATION (City, town, or county) (State) Corning, Ark.
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 10/20/56	26. REGISTRAR'S SIGNATURE R. M. Muecke

Health, Welfare Public Service

300 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED  
OCT 22 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

MAY 16 1957

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 *Charles E. Mungler*

Licensed Embalmer No. *487*

P. O. Address *Poplar Beach*

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.