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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35287

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9124

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 915 N. Grand — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA HOSPITAL — Length of stay in Hospital 52 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Morgan
c. CITY OR TOWN Waverly 62 0 8 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Henry; Middle C.; Last Boyd

4. DATE OF DEATH Month 10 Day 4 Year 1956

5. SEX Male 0

6. COLOR OR RACE white

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 7-22-96

9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator

10b. KIND OF BUSINESS OR INDUSTRY Filling Station

11. BIRTHPLACE (City and state or country) Palmyra, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Sam Boyd

14. MOTHER'S MAIDEN NAME Carolyn Crook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 351097472

17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MASSIVE INTRABRONCHIAL HEMORRHAGE DUE TO CARCINOMA OF RIGHT BRONCHUS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: UNK

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
163 X

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** NONE ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 8-13-56 to 10-4-56 and last saw ~~XX~~ Her him alive on 10-4-56
Death occurred at 8:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph T. Kamiskas (Degree or title) M.D.

22b. ADDRESS VAH, ST. LOUIS, MO.

22c. DATE SIGNED 10-5-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10-5-56

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Palmyra, Illinois,

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington,

25. DATE RECD. BY LOCAL REG. OCT 5 1956

26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only medical diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J Wm Berkeley

Licensed Embalmer No. 3

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.