

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7513**

FILED APR 9 - 1957

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Monett</u>		c. CITY OR TOWN <u>Monett 00510</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		d. 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 <u>102 County Road</u>		e. STREET ADDRESS (If rural, give location) <u>102 County Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Archie</u> b. (Middle) <u>William</u> c. (Last) <u>Boyd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 23-1957</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 12-1892</u>		9. AGE (In years last birthday) (Specify) <u>64</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer and Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Purdy Mo.</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Purdy Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
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13a. FATHER'S NAME <u>William Boyd</u>				13b. MOTHER'S MAIDEN NAME <u>Maggie Timmer</u>				14. NAME OF HUSBAND OR WIFE <u>Julia Boyd - Deceased</u>			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or time of service) <u>no</u>				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>John Ramsey</u>				ADDRESS <u>Monett Mo.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of sigmoid colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH <u>12-15-57</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153x</u>									

19a. DATE OF OPERATION <u>4-14-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Colon being the obstructed & not later resections over colon - adenocarcinoma</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 12-15, 1957, to 3-16, 1957, that I last saw the deceased alive on 3-16, 1957, and that death occurred at 6:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert D. Doolley MD</u>				23b. ADDRESS <u>Monett Mo</u>				23c. DATE SIGNED <u>5-26-57</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 25-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arnhart Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East of Purdy Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-6-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett-Warrington, Monett, Mo.</u>				ADDRESS			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5/3

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

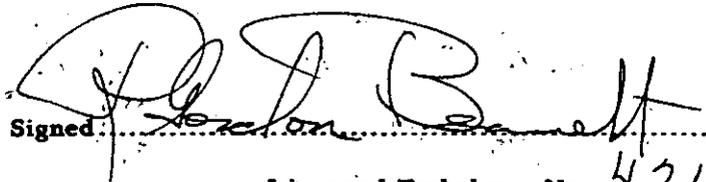
NO. 457-57-

DATE REC. 4-8-57-

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: 

Licensed Embalmer No. 421
P. O. Address Monett, Mo.

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.