

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

BIRTH NO. _____		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 6281		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO. b. COUNTY WRIGHT				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL VAN BUREN		c. LENGTH OF STAY (in this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL VAN BUREN 140				
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR CRAFF, MO.				d. STREET ADDRESS (If rural, give location) 1 mile south of Hoff.				
3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) Boykin c. (Last) Boykin			4. DATE OF DEATH (Month) (Day) (Year) APRIL 16 1957					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 25, 1899		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 1 Days 21	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (City and State or Foreign Country) BLUFORD ILL.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME JOHN LEWIS BOYKIN			13b. MOTHER'S MAIDEN NAME AMANDA HENSON		14. NAME OF HUSBAND OR WIFE NICIE SLOAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. W. I.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Nicie Boykin Hoff		ADDRESS Hoff, Mo		
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* (a) Redness of Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Lung 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 18 hrs 5 yrs		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 163x				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) _____		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 10-16, 1957 , to 4-13, 1957 , that I last saw the deceased alive on 4-13, 1957 , and that death occurred at 3:55 A. M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. A. Craig D.O.			23b. ADDRESS Mountain Grove Mo			23c. DATE SIGNED 4-16-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-18-57		24c. NAME OF CEMETERY OR CREMATORY Freemantle's		24d. LOCATION (City, town, or county) (State) Dawson Mo.		
DATE REC'D BY LOCAL REG. 4-19-57		REGISTRAR'S SIGNATURE Bonnie J. James		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert Book Int. Am				

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APR 30 1957

RECEIVED
WRIGHT CO. HEALTH DEPT.
APR 19 5 7
COUNTY FILE NUMBER 457-45
DATE FILED 4-27-1957

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
Student Embalmer

Signed Rev. Book

Licensed Embalmer No. 3848

P. O. Address Wright Co. Health Dept.

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 this body is not embalmed, fact should be so stated above.