Health, & Welfare Public Service

5. 300
1-57 2

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35015
STATE FILE NUMBER

FILED NOV 5 1957

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 262

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN: Fulton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital #1 — Length of stay in 1b: 48 yrs. 6 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1350 Union Blvd. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: CLEMENT Middle: Unknown Last: BOYCE

4. DATE OF DEATH: Month: 10 Day: 30 Year: 1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [ ] unk **DIVORCED** [ ]

8. DATE OF BIRTH: Unknown **9. AGE** (In years last birthday): 78 ?? — 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): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): United States
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: unk.
13b. MOTHER'S MAIDEN NAME: unk.
14. NAME OF HUSBAND OR WIFE: unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: State Hospital No. 1; Fulton, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **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
~~State Hosp. #1~~

21. I attended the deceased from 4-23-1909, to 10-30-57 ~~and last saw the deceased alive on~~ him
Death occurred at 2:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Tom McCarthy MD
22b. ADDRESS: State Hospital No. 1; Fulton, Mo.
22c. DATE SIGNED: 10-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/31/57
23c. NAME OF CEMETERY OR CREMATORY: Callaway Mem. Gardens
23d. LOCATION (City, town, or county) (State): Fulton Mo

24. FUNERAL DIRECTOR: Maupin
ADDRESS: Fulton Mo
25. DATE RECD. BY LOCAL REG.: Nov. 2-1957
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

26 0

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. 3223

P. O. Address .....

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.