

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39859**

BIRTH NO.		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 4185		Registrar's No. 641	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair		c. LENGTH OF STAY (In this place) 60 yrs		c. CITY OR TOWN St. Clair		d. In 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 Cedar Crest Addition				e. STREET ADDRESS (If rural, give location) Cedar Crest Addition 0360			
3. NAME OF DECEASED (Type or Print) Solomon		a. (First)		b. (Middle)		c. (Last) Boyd	
4. DATE OF DEATH Nov. 4, 1957		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 9, 1859		9. AGE (In years last birthday) 98		10. UNDER 1 YEAR Months Days		11. UNDER 1 Wks. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Public Works		11. BIRTHPLACE (City and State or Foreign Country) St. Clair, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Elihu Boyd		13b. MOTHER'S MAIDEN NAME Hannah Eastwood		14. NAME OF HUSBAND OR WIFE Lucinda Boyd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charley Boyd ADDRESS St. Clair, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death by or related to the disease or condition causing death. Myocardial Insufficiency				INTERVAL BETWEEN ONSET AND DEATH Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Y		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)		4221	
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 11-1- , 19 57 , to 11-4- , 19 57 , that I last saw the deceased alive on 11-3 , 19 57 , and that death occurred at 8-0 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. W. E. Mitchell M.D.				23b. ADDRESS St. Clair Mo.		23c. DATE SIGNED 11/4/57	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Nov. 6, 1957		24c. NAME OF CEMETERY OR CREMATORY Green Mound Cemetery		24d. LOCATION (City, town, or county) (State) St. Clair, Mo.	
DATE REC'D BY LOCAL REG. 6/Nov/57		REGISTRAR'S SIGNATURE Lloyd Williams		25. FUNERAL DIRECTOR'S SIGNATURE Casey-Lenox		ADDRESS St. Clair, Mo.	

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

5110

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 *R. M. Leno*.....

Licensed Embalmer No. *3601*.....

P. O. Address *St. Clair, Mich.*.....

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.