

Health,  
& Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40881  
STATE FILE NUMBER

FILED NOV 19 1957

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 187

S. 300  
v. 1-57 4

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin Township</u>		c. CITY OR TOWN <u>Joplin</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hope Manor Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>1916 Murphy Ave</u>	
Length of stay in lb <u>57 Yrs</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ALBRO</u> Middle <u>LAFROMBE</u> Last <u>BOYD</u>			4. DATE OF DEATH Month <u>10</u> Day <u>30</u> Year <u>1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-25-1873</u>	9. AGE (In years last birthday) <u>84</u>	10. F UNDER 1 YEAR	11. F UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Joplin Water Wks</u>	11. BIRTHPLACE (City and state or country) <u>Neosho, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Quintus C. Boyd</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jane Carmichael</u>	14. NAME OF HUSBAND OR WIFE <u>Nina (Dec'd 1-27-1919)</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-01-2291</u>	17. INFORMANT <u>Pauline Boyd 1916 Murphy, Joplin, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Arteriosclerosis</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>334X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____	STATE _____
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21. I attended the deceased from <u>7-17-57</u> to <u>10-30-57</u> and last saw him alive on <u>10-28-57</u>	
Death occurred at <u>7:15 A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>J. Schuerbel MD</u> (Degree or title)	22b. ADDRESS <u>Joplin, MO</u>	22c. DATE SIGNED <u>11-1-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-1-57</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Forest Park Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
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24. FUNERAL DIRECTOR <u>Thornhill-Dillon</u>	ADDRESS <u>Joplin, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>11-11-57</u>	26. REGISTRAR'S SIGNATURE <u>Ms. Madeline Switzer</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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Date Filed NOV 18 1951

OCT 24 1952

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 Deirda Shankle .....

Licensed Embalmer No. 3590 .....

P. O. Address Joplin, 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.