

FILED DEC 31 1957 STANDARD CERTIFICATE OF DEATH

State File No. **47024**

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 4508		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Halena		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Halena		d. STREET ADDRESS (If rural, give location) 1240	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) Thomas			b. (Middle) Boyd		c. (Last) Boyd		4. DATE OF DEATH (Month) (Day) (Year) Dec 1 1957
5. SEX M	6. COLOR OR RACE W.H.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb-16-1880		9. AGE (In years last birthday) 77 9 15 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Paul Road Road		10b. KIND OF BUSINESS OR INDUSTRY And Ship Business		11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Boyd			13b. MOTHER'S MAIDEN NAME Isabell		14. NAME OF HUSBAND OR WIFE (Unknown) Eva Boyd - Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 3173-30-7825		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Bernice Boyd - Halena 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) Cervical Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 Instant 8 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 1946 , to 1 Dec 1957 , that I last saw the deceased alive on 28 Nov 1957 , and that death occurred at 12:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. Murray M.D. (Degree or title)				23b. ADDRESS Garra Mo.		23c. DATE SIGNED 8 Dec 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 3-1957		24c. NAME OF CEMETERY OR CREMATORY Halena Cemetery		24d. LOCATION (City, town, or county) (State) Halena Mo	
DATE REC'D BY LOCAL REG. Dec. 3-1957		REGISTRAR'S SIGNATURE Mrs. J. G. Miller		25. FUNERAL DIRECTOR'S SIGNATURE Everett J. Cheatham		ADDRESS Halena Mo	

Beithina Murray Licensed Embalmer's Statement on Reverse Side)

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

3170

JAN 2 1958

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Everett J. Cheatham

Signed.....
Student Embalmer

Licensed Embalmer No. *3870*

P. O. Address *Salina - 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 this body is not embalmed, fact should be so stated above.