

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010812  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 28

0133

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

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEOSHO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEOSHO</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>823 W. McCORD ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SALE MEMORIAL HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ELMER</b>	b. (Middle) <b>LEON</b>	c. (Last) <b>BOYD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 13, 1958</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 12, 1891</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stock Buyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Commission Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>McDonald County Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		

13a. FATHER'S NAME <b>William C. Boyd</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Barlow</b>	14. NAME OF HUSBAND OR WIFE <b>Meta Boyd</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-01-4529A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Felix Boyd, Noel Missouri</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bleeding peptic ulcer</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>5400</b>
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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? <b>2</b>
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22. I hereby certify that I attended the deceased from 2-7, 1958, to 3-13, 1958, that I last saw the deceased alive on 3-12, 1958, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. Blankenship M.D.</i>	(Degree or title)	23b. ADDRESS <i>Neosho Mo.</i>	23c. DATE SIGNED <b>3-14-58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-15-1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>L.O.O.F.</b>	24d. LOCATION (City, town, or county) (State) <b>Neosho Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3-19-58</b>	REGISTRAR'S SIGNATURE <i>Melvin C. Bauman M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Carney Thompson</i>	ADDRESS <b>Neosho Mo.</b>
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Public Health Officer No. Neuton  
Licence File Number 358-62  
Filed MAR 21 1958

MAR 25 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Carey Thompson Sr

Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

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.