

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022525
STATE FILE NUMBER

FILED JUL 7 1958

Registration District No. 187 Primary Registration District No. 4302 Registrar's No. 165

5. 300
1-57
590

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LIVINGSTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHULA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CHULA</u> 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>✓</u>		Length of stay in lb <u>19 YRS.</u>	d. STREET ADDRESS (If outside, give location) <u>0590</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LEO EDWARD BOYD</u>			4. DATE OF DEATH Month Day Year <u>JUNE 26, 1958</u>
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 type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>24 MARCH 1916</u>
9. AGE (In years last birthday) <u>42</u>		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) <u>BRIDGE MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C. B. & O. R. R.</u>	11. BIRTHPLACE (City and state or country) <u>LIVINGSTON COUNTY, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>CAROL FRANCIS BOYD</u>	
13b. MOTHER'S MAIDEN NAME <u>RUTHA MAY STOCKWELL</u>		14. NAME OF HUSBAND OR WIFE <u>ADA KESSLER BOYD</u>	
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>493-14-7437</u>	17. INFORMANT Address <u>MRS. LEO BOYD: CHULA, MISSOURI</u>
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>Mucinous adenocarcinoma of Intestines</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9 mos</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>1539</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <u>Nov 14, 1957</u> , to <u>June 26, 1958</u> and last saw him alive on <u>June 25, 1958</u> Death occurred at <u>EIGHT P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas L. Malazzo D.O.</u>		22b. ADDRESS <u>Chillicothe Mo</u>	22c. DATE SIGNED <u>6/28/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-30-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RAINVIEW</u>	23d. LOCATION (City, town, or county) (State) <u>CHULA, MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>NORMAN FUNERAL HOME - CHILLICOTHE, MO</u>		25. DATE RECD. BY LOCAL REG. <u>6/30/58</u>	26. REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>

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 *Joseph M. Gibson*
Licensed Embalmer No. *4769*

P. O. Address *Chillicothe, 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.