Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-024610

STATE FILE NUMBER

49903-58

FILED AUG 4 1958 Registration District No. 42 Primary Registration District No. 81000 Registrar's No. 813

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Worth |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph — Inside Limits Yes [X] No [ ] | c. CITY OR TOWN Sheridan 1130 — Inside Limits Yes [ ] No [X] |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo.Methodist Hosp — Length of stay in 1b | d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [X] No [ ] |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Infant | Middle | Last Boyd | 4. DATE OF DEATH Month Day Year 7-27-1958 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] | 8. DATE OF BIRTH 7-27-1958 |
| 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours 1 Min. 43 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and state or country) St Joseph,Mo | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Larry O Boyd | 13b. MOTHER'S MAIDEN NAME Rita Catherine Heitman | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Larry O Boyd, Address Sheridan,Mo | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Atelectasis, foetal

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity

DUE TO (c) 7625

INTERVAL BETWEEN ONSET AND DEATH about 1 hr + 43 minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 on 7/27/58 and last saw ~~him~~ him alive on 7/27/58

Death occurred at 10:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title) Wm Redmond MD | 22b. ADDRESS St Joseph, Mo | 22c. DATE SIGNED 7/30/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 7/29/1958 | 23c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery |
| 23d. LOCATION (City, town, or county) (State) Sheridan,Mo | | |
| 24. FUNERAL DIRECTOR ADDRESS G M Atchison Maryville Mo | 25. DATE RECD. BY LOCAL REG. July 30, 1958 | 26. REGISTRAR'S SIGNATURE Mrs Clark Goodell |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Verify, correct, and must use only standard nomenclature in item 18. No symptoms will be listed.

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## 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 G. M. Atkinson

Licensed Embalmer No. 332?

P. O. Address Maryville

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.