Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-025961

FILED AUG 12 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 369

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN: Joplin — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. John Hospital — Length of stay in Hospital: 5 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin 0495 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1608 Broadway — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Della Middle: Florence Last: Boyd

4. DATE OF DEATH Month: 7 Day: 24 Year: 58

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 1-14-78

9. AGE (In years last birthday): 80 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Homemaking

11. BIRTHPLACE (City and state or country): Rockford, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Henry Stultz

13b. MOTHER'S MAIDEN NAME: Ellen Hinkle

14. NAME OF HUSBAND OR WIFE: Philo C. Boyd

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: Philo C. Boyd Address: 1608 Bdwy. Joplin, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 36 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic heart disease with mitral regurgitation and aortic stenosis.

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 May 5, 1958, to July 24, 1958 and last saw her alive on July 24, 1958. Death occurred at 7-24-58 at 11:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. E. DeTar, Jr. M.D.

22b. ADDRESS: 410 Jackson, Joplin, Mo.

22c. DATE SIGNED: 7-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: 7-28-58

23c. NAME OF CEMETERY OR CREMATORY: Osborne Memorial Cemetery

23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR: Thornhill-Dillon ADDRESS: Joplin, Missouri

25. DATE RECD. BY LOCAL REG.: 8-5-58

26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

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 David Dillon

Licensed Embalmer No. 3898

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.