

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029488

STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>		
b. CITY OR TOWN <i>Knob Noster</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Knob Noster</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Catholic Church</i>		Length of stay in lb <i>Life</i>	d. STREET ADDRESS (If outside, give location) -----		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Timothy</i> Middle <i>E</i> Last <i>Boyd</i>			4. DATE OF DEATH Month <i>August</i> Day <i>31</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 21, 1893</i>		9. AGE (In years last birthday) <i>65</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cafe</i>		11. BIRTHPLACE (City and state or country) <i>Knob Noster, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13a. FATHER'S NAME <i>George M. Boyd</i>		
13b. MOTHER'S MAIDEN NAME <i>Louise Clifford</i>			14. NAME OF HUSBAND OR WIFE <i>Ruth L. Boyd</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>492-14-3001</i>		17. INFORMANT Address <i>Mrs. Ruth L. Boyd, Knob Noster, Missouri</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Baronary Occlusion</i>					INTERVAL BETWEEN ONSET AND DEATH <i>5 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>					<i>4201</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>✓</i>			
20c. TIME OF INJURY Hour <i>✓</i> Month, Day, Year a.m. <i>✓</i> p.m.					
20d. INJURY OCCURRED WHILE AT <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.) <i>✓</i>		20f. CITY, TOWN, OR LOCATION <i>Knob Noster Johnson, mo</i>	
20g. COUNTY <i>Johnson</i>		20h. STATE <i>mo</i>			
21. I attended the deceased from Death occurred at <i>Jan 1-58</i> to <i>Aug 31-58</i> and last saw him alive on <i>Aug 31-58</i> <i>11:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>H. W. Travis MD</i> (Degree or title)			22b. ADDRESS <i>Knob Noster</i>		22c. DATE SIGNED <i>Mo Sept 5-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9-3-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Knob Noster Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Knob Noster, Missouri</i>
24. FUNERAL DIRECTOR <i>R. A. Brauninger</i>		ADDRESS <i>Warrensburg, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>Sept 5-58</i>	26. REGISTRAR'S SIGNATURE <i>Erma L. Beatty</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 21 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
Signature of Student Embalmer

Signed *Richard J. McDonald*

Licensed Embalmer No. *4825*

P. O. Address *Warrensburg*

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.