

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043076

FILED VS. DEC 14 1959 381

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 4509 Registrar's No. 118

ENDED

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humphreys</u>		Length of stay in lb <u>15 yrs</u>	c. CITY OR TOWN <u>Humphreys</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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 Middle Last <u>BONNADENE ELIZABETH BOYD</u>			4. DATE OF DEATH Month Day Year <u>12-2 1959</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</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>10-2-1913</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Salt Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Joseph H. Shochy Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Boyd</u>		
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>Frank Boyd Humphreys Mo</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>Carcinoma of uterus with metastases to pelvis + liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 <u>Salt Mo</u>		COUNTY STATE
21. I attended the deceased from <u>Oct 1st 1959</u> to <u>Dec 2nd 1959</u> and last saw her/him alive on <u>Nov 26th 1959</u> Death occurred at <u>1:00</u> a.m. on the date stated above and to the best of my knowledge, from the causes stated.		22c. DATA SIGNED <u>1959</u>	
22a. SIGNATURE <u>Oliver F. Duffey M.D.</u> (Degree or title)		22b. ADDRESS <u>Trenton Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-4-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Humphreys Cem</u>	23d. LOCATION (City, town, or county) <u>Humphreys Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Dr. Payne St. Salt Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-5-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

