

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1960

'59 044510

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage Mo		Length of stay in 1b 2 wks	c. CITY OR TOWN Sarsapiek
c. FULL NAME OF (IF NOT IN HOSPITAL, give location) HOSPITAL OR INSTITUTION Mc.Cune Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) No
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type of first name) Henry Beecher Boyd			4. DATE OF DEATH 12-30-1959			
5. SEX Male	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/27/68	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 6 Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance & Loan Co		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Sarsapiek Mo	12. CITIZEN OF WHAT COUNTRY USA	

13. FATHER'S NAME J.P. Boyd		13b. MOTHER'S MAIDEN NAME Elizabeth Haggard		14. NAME OF HUSBAND OR WIFE Hattie Boyd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 496-26-8437		17. INFORMANT Mrs. Harold Adams Sarsapiek Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 10 days
IMMEDIATE CAUSE (a) Sanguine Rt Leg			
DUE TO (b) Arteriosclerosis Cardio-vascular Disease.			
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	COUNTY STATE

21. I attended the deceased from Dec 2, 1959, to Dec 30, 1959 and last saw him alive on Dec 30, 1959
Death occurred at 3:40 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George F. Wood MD (Degree or title)		22b. ADDRESS Carthage Mo		22c. DATE SIGNED Jan 1, 60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-1-1960	23c. NAME OF CEMETERY OR CREMATORY Sarsapiek Cem	23d. LOCATION (City, town, or county) Sarsapiek Mo	
24. FUNERAL DIRECTOR Jackson & Sons Sarsapiek Mo		25. DATE RECD. BY LOCAL REG. Jan 7, 1960	26. REGISTRAR'S SIGNATURE W. Clinton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 28 1960

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 Wm K. Jackson

Licensed Embalmer No. 3959

P. O. Address Succopie

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.