

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 45 0 4 3

FILED VS JAN - 6 1960 290

STATE FILE NUMBER

RECEIVED

Registration District No. 290 Primary Registration District No. Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty Township.		Length of stay in lb 50 yrs.		c. CITY OR TOWN Richland, Mo.		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) Star Rt. Inside Limits HOSPITAL OR INSTITUTION None.) Richland, Yes ☐ No ☒				d. STREET ADDRESS (If outside, give location) Star Rt. #.		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Minnie Middle Annis Last Boyd.				4. DATE OF DEATH Month December Day 18 Year 1959			
5. SEX Female	6. COLOR OR RACE White.	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 3/8/1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Illinois.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Benjamin F. Gracey.		13b. MOTHER'S MAIDEN NAME Sarah Jane Armour.		14. NAME OF HUSBAND OR WIFE Martin Luther Boyd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None.		17. INFORMANT Address Mrs. Gladys Anderson Richland, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure DUE TO (b) Old age DUE TO (c) Old age Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
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. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	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 1 Aug 59 to 18 Dec 59 and last saw her alive on 13 Dec 59 Death occurred at 8:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. H. Wood M.D.				22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 12/19/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/20/59	23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		23d. LOCATION (City, town, or county) Richland, Missouri		(State)	
24. FUNERAL DIRECTOR ADDRESS Hedges Funeral Home Richland, Mo.		25. DATE RECD. BY LOCAL REG. 12-20-59		26. REGISTRAR'S SIGNATURE Gladys Anderson			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0981 9 NAT SA

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 Charina Gross

Licensed Embalmer No. 4896

P. O. Address Waynsid

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.