

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

On **60-031511**

FILED VS AUG 25 1960

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3099 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayti</u>	Length of stay in 1b <u>1 yr</u>	c. CITY OR TOWN <u>Hayti</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shirey's Clinic</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Hayti Heights</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Gertrude</u> Middle <u>Mae</u> Last <u>Boykin</u>			4. DATE OF DEATH Month <u>August</u> Day <u>14</u> Year <u>1960</u>			
---	--	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>March 11, 1948</u>	9. AGE (last birthday) <u>19</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>	IF UNDER 24 HR Hours <u>3</u> Min. <u></u>
-------------------------	----------------------------------	---	---	-------------------------------------	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Blytheville Ark.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
---	--	---	--

13a. FATHER'S NAME <u>Herman Boykin</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa Lee Bass</u>	14. NAME OF HUSBAND OR WIFE <u></u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Samantha Johnson</u> Address <u>1041 - First St New Madrid, Mo</u>
---	--	--

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 <u>12 hrs.</u>
IMMEDIATE CAUSE (a) <u>Eclampsia</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>toxemia of pregnancy</u>	
DUE TO (c) <u></u>		

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 checked="" 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 <u>4:30</u> Month, Day, Year <u>8-14-60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Hayti, Mo.</u>	COUNTY <u>Mo.</u>	STATE <u>Mo.</u>
---	---	---	---	----------------------	---------------------

21. I attended the deceased from <u>8-14-60</u> to <u>8-14-60</u> and last saw her <u>live on</u> <u>8-15-60</u> Death occurred at <u>3:30</u> <u>p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>Dr. J. W. German</u> (Degree or title)	22b. ADDRESS <u>Hayti, Mo.</u>	22c. DATE SIGNED <u>8-15-60</u>
---	-----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-18-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sandy Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo</u>
---	-------------------------------	--	--

24. FUNERAL DIRECTOR <u>John W. German</u> ADDRESS <u>Hayti, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-17-60</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Spear</u>
---	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John W. German

Licensed Embalmer No. 4355

P. O. Address Hayti, N

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.