

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-037362  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 475

FILED OCT 16 1961

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 35 yrs	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Joplin General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 429 Monroe St.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LEHNRD Middle ARNOLD Last BOYCE			4. DATE OF DEATH Month October, Day 8, Year 1961		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-31-1908	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Campbell 66 Express	11. BIRTHPLACE (City and state or country) Pierce City, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME George W. Boyce		13b. MOTHER'S MAIDEN NAME Ceda Coleman		14. NAME OF HUSBAND OR WIFE Pauline Olson Boyce	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) Yes W.W. II - Navy		16. SOCIAL SECURITY NO. Unk	17. INFORMANT Address Mrs. Pauline Boyce, 429 Monroe Avenue		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH IMMED.
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) Status Asthmaticus complicated with Bronchial Pneumonia		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 Month, Day, Year a.m. p.m.	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 1953 to 10-8-1961 and last saw her/him alive on Oct 8 1961  
Death occurred at 10:40 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. O. Martin, D. O.	22b. ADDRESS 908 East 7th St, Joplin Mo	22c. DATE SIGNED 10-9-61
---------------------------------------	--------------------------------------------	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-12-61	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park,	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
-----------------------------------------------------	-----------------------	------------------------------------------------------------	-------------------------------------------------------------------

24. FUNERAL DIRECTOR Steve Parker Mortuary, 1502 Joplin St. Joplin, Missouri	25. DATE RECD. BY LOCAL REG. 10-13-1961	26. REGISTRAR'S SIGNATURE Dove Merriam
------------------------------------------------------------------------------------	--------------------------------------------	-------------------------------------------

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 19 1961

**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 Harvey Elmer

Licensed Embalmer No. 4462

P. O. Address Spokane Mo

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.