

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007321

STATE FILE NUMBER

Registration District No. 201 Primary Registration District No. 3048 Registrar's No. 574

AMENDED

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marionville</u>		Length of stay in 1b <u>7 days</u>	c. CITY OR TOWN <u>Lamar</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>		Inside Lights Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Lamar</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Clifford Allen Boyd</u>			4. DATE OF DEATH <u>2-14-1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Cau</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>2-1-1923</u>	9. AGE (last birthday) <u>39</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (City and state or country) <u>Lamar, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Coy Boyd</u>	13b. MOTHER'S MAIDEN NAME <u>Lela Belle Gardner</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Boyd</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWII</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>
17. INFORMANT <u>Mrs Ruby Boyd</u>		Address <u>Lamar, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute myocardial infarct.</u>		<u>7 day</u>
DUE TO (b) <u>Coronary thrombosis</u>		<u>7 day</u>
DUE TO (c) <u>Coronary atherosclerosis?</u>		<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 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 checked="" 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
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21. I attended the deceased from <u>Feb 7, 1962</u> to <u>Feb 14, 1962</u> and last saw her/him alive on <u>Feb 13, 1962</u>	
Death occurred at <u>7:25 Am</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Marionville</u>	22c. DATE SIGNED <u>2/14/62</u>
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23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-14-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lamar Cem</u>	23d. LOCATION (City, town, county) <u>Lamar, Mo</u>
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24. FUNERAL DIRECTOR <u>Ronantz, Lamar, MO</u>	25. DATE RECD. BY LOCAL REG. <u>2-14-62</u>	26. REGISTRAR'S SIGNATURE <u>Beas Bolt</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

FEB 26 1962

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 *J. M. Albin*

Licensed Embalmer No. 2279
P. O. Address Maryville

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.