MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-022288
STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 5272 Registrar's No. 10

FILED JUL 11 1962

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Copetti

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Polk — Length of stay in 1b: 50 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rt. # 1 Marionville — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Christian
c. CITY OR TOWN: Rt. #1 Marionville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. # 1 Marionville — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Martha, Middle Austin, Last Boyd
4. DATE OF DEATH: Month June, Day 29, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: July 1,1874
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Mack Gilliland
13b. MOTHER'S MAIDEN NAME: Isabel Doak
14. NAME OF HUSBAND OR WIFE: G.N. Boyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Ethel Clanton, Address: Rt.#1 Marionville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Terminal Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis with numerous cerebral thrombi — 5 years
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. ☐ 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 1940, to 6/29/62 and last saw ~~him~~ her alive on 6/28/62
Death occurred at 7:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. P. Copetti M.D.
22b. ADDRESS: Crane, Missouri
22c. DATE SIGNED: 6/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 1,1962
23c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
23d. LOCATION (City, town, or county) (State): Marionville, Missouri

24. FUNERAL DIRECTOR: Bradford-Surridge — ADDRESS: Marionville, Mo.
25. DATE RECD. BY LOCAL REG.: July 9, 1962
26. REGISTRAR'S SIGNATURE: Oline Hutter

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1962

SEP 18 1962

Burial Permit issued.

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 William A. Fulles

Licensed Embalmer No. 4658

P. O. Address Marionville

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.