MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035307

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 79

FILED OCT 15 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0542
2	0540
3	
4	1
5	1
6	
7	0
8	2
9	722.0
10	
11	
12	2-0
13	3-0

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

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Length of stay in 1b 4 Da.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lexington Memorial Hospital — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Luena Middle Alice Last Boyd

4. DATE OF DEATH Month September Day 30 Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH August 1, 1899

9. AGE (last birthday) 63 — 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 own home

11. BIRTHPLACE (City and state or country) Saline County, Mo

12. CITIZEN OF WHAT COUNTRY U.SA

13a. FATHER'S NAME Jesse Francis Buie

13b. MOTHER'S MAIDEN NAME Ella Sarah Smith

14. NAME OF HUSBAND OR WIFE Frank James 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 Address Frank James Boyd, Alma, Mo.

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Massive G.I. Hemorrhage	30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Bleeding peptic ulcer	4 days
DUE TO (c)	Steroid therapy	Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Rheumatoid arthritis; Hiatus hernia

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 1958 to 9/30/62 and last saw her alive on 9/30/62
Death occurred at 1:40 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS Higginsville, Mo.

22c. DATE SIGNED 9/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-2-62

23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery

23d. LOCATION (City, town, or county) (State) Marshall, Mo.

24. FUNERAL DIRECTOR ADDRESS Campbell-Lewis Marshall, Mo.

25. DATE RECD. BY LOCAL REG. 10-1-62

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 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_____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.