

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-022928

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 347

Primary Registration District No. 6157

Registrar's No. _____

FILED MAY 24 1963

1. PLACE OF DEATH a. COUNTY <u>Stone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Near Lampe</u> Length of stay in lb <u>few years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 Mi. SW of Lampe</u> Inside Limits Yes ☐ No ☒		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u> c. CITY OR TOWN <u>Near Lampe</u> Inside Limits Yes ☐ No ☒ d. STREET ADDRESS (If outside, give location) <u>3 Mi. S.W. of Lampe</u> Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>RILEY</u> Last <u>BOYD</u>		4. DATE OF DEATH Month <u>May</u> Day <u>8</u> , Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>3-24-1880</u>
9. AGE (last birthday) <u>83</u> 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) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Carroll Co., Ark.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Thomas Boyd</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ann High</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>432-70-6945</u>	
17. INFORMANT <u>Mrs. Thursa Sears-Rt4, Berryville Ark.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> 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) _____ 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.) <u>Coroners Case</u>		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at <u>About 7:15 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Henry Moulton Coroner</u>		22b. ADDRESS <u>Home, Missouri</u>	
22c. DATE SIGNED <u>5/11/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5-11-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Oak Grove, Ark.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Nelson Funeral Home-Berryville, Ark.</u>	
25. DATE RECD. BY LOCAL REG. <u>May 14, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Mary J. Stewart</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1961 11 NOV

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 Charles M. Nelson

Licensed Embalmer No. 5002

P.O. Address Benningville, Ark.

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.