

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050514

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 336 Primary Registration District No. 6128 Registrar's No. 215

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 8 1964

VS 300
Rev. 4/59

1 1010

2 1010

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived.. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eminence</u>		Length of stay in 1b	c. CITY OR TOWN <u>Eminence, Mo.</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Home</u>
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>J</u> Last <u>Boyd</u>		4. DATE OF DEATH Month <u>December</u> Day <u>30</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/3/77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>86</u>
13a. FATHER'S NAME <u>Aaron B. Boyd</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen J. ?</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</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>none</u>	14. NAME OF HUSBAND OR WIFE <u>Ureal Boyd Box 142 Eminence, Mo.</u>
17. INFORMANT <u>Ureal Boyd</u>		Address <u>Box 142 Eminence, Mo.</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>Myocardial Failure</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Eminence Shannon Mo</u>	
21. I attended the deceased from <u>Dec. 29, 1963</u> to <u>Dec. 30, 1963</u> and last saw him alive on <u>Dec 30, 1963</u> Death occurred at <u>3:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. J. Barrios</u> (Degree or title)		22b. ADDRESS <u>Derry Tree Mo</u>	
22c. DATE SIGNED <u>1-3-64</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/31/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Alley Springs Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Alley Springs, Mo.</u>
24. FUNERAL DIRECTOR <u>Uncon Funeral Home Mtn. View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-7-64</u>	26. REGISTRAR'S SIGNATURE <u>Mahe Rose</u>

(Licensed Embalmer's Statement on Reverse Side)

To Dr. 2: P.M. 12/30/63

Rec'd from Dr. 4:30 P.M. 1/4/64

To Local Reg. 4:45 P.M. 1/4/64

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 D. Cartain

Licensed Embalmer No. 5107

P. O. Address Wm. View, MD

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.