

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29014

State File No. \_\_\_\_\_

FILED AUG 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5958 Registrar's No. 668

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Carrol Twn.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Dearborn</b> <b>0830</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home of Daughter</b>		e. STREET ADDRESS (If rural, give location) <b>None</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mattie</b>		b. (Middle) <b>Elizabeth</b>	
c. (Last) <b>Boydston</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 17, 1952</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 26, 1883</b>
9. AGE (In years last birthday) <b>68</b>		10. IF UNDER 1 YEAR Months <b>10</b> Days <b>21</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Sidney Allen James</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Short</b>	
14. NAME OF HUSBAND OR WIFE <b>James M. Boydston</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE <b>James M. Boydston</b> ADDRESS <b>Platte City RFD Missouri</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malnutrition</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebrovascular thrombosis</b> DUE TO (c) <b>Arteriosclerosis, general</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Sept 7, 1950</b> , to <b>Aug 17, 1952</b> , that I last saw the deceased alive on <b>Aug 17, 1952</b> , and that death occurred at <b>9:45P m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Chas. D. Dwyer</b>		23b. ADDRESS <b>Smithville, Missouri</b>	
23c. DATE SIGNED <b>8-19-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>8-19-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Camden Point Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Camden Point, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McComas Funeral Home Smithville, Mo</b>	
DATE REC'D BY LOCAL REG. <b>8/19/52</b>		REGISTRAR'S SIGNATURE <b>Rhodia Rollins</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....

Student Embalmer

Signed

*Donald W. Hanks*

Licensed Embalmer No. *14528*

P. O. Address *Smithville, Miss.*

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 this body is not embalmed, fact should be so stated above.