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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Pickens
State File No. 12130
Registrar's No. 270

Registration District No. 428
Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 901 South Campbell (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days) Life time

2. USUAL RESIDENCE OF DECEASED: 59

(a) State: Missouri (b) County: Greene
(c) City or town: Springfield (If outside city or town limits, write "RURAL")
(d) Street No.: 901 South Campbell (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Effie Elizabeth Boyts
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wesley Boyts
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: March (Month) 25 (Day) 1875 (Year)

8. AGE: Years 73 | Months 0 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace: Neosho (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

FATHER
12. Name: Simon Peter Utley
13. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nannie Jefferson Ward
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Wesley Boyts
(b) Address: Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood
18. (a) Signature of funeral director: Herman H. Lohmeyer
(b) Address: Springfield, Missouri
19. (a) 3-31-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 30, year 1948, hour 5, minute 50 P.M.

21. I hereby certify that I attended the deceased from June 20, 1946 to March 30, 1948 that I last saw her alive on March 29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary insufficiency	2 mts.
Due to: arterial sclerosis	years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 94 P	
Of autopsy	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: [signature] M.D. or other
Address: 432 Med. Arts Bldg., Date signed: 3/31/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 James B Gaughen, Registered Apprentice No. 466, working under my personal supervision.

Signed Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.