

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13151

State File No.

BIRTH NO. ~~918~~ REG. DIST. NO. ~~4330~~ PRIMARY REG. DIST. NO. 4330 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY MISSISSIPPI		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST PRAIRIE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST PRAIRIE	
c. LENGTH OF STAY (in this place) 8 yrs		62	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location) 3	

3. NAME OF DECEASED (Type or Print) a. (First) TOM b. (Middle) GREEN c. (Last) BOYD			4. DATE OF DEATH (Month) (Day) (Year) JAN. 21 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH SEPT. 15 1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 4 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIMBER WORKER		10b. KIND OF BUSINESS OR INDUSTRY TIMBER	11. BIRTHPLACE (State or foreign country) HICKMAN, KY.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WALTER BOYD	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME CARMON BOYD - EAST PRAIRIE, MO.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		3 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		6 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			334X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 15, 1948, to Jan 21, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 5 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. P. Taylor D.O.	23b. ADDRESS Wyatt, Mo	23c. DATE SIGNED 1-25/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 23, 1949	24c. NAME OF CEMETERY OR CREMATORY KEWANEE CEMETERY	24d. LOCATION (City, town, or county) (State) KEWANEE MO.
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DATE REC'D BY LOCAL REG. 5/1/49	REGISTRAR'S SIGNATURE Anna Harper Deputy	25. FUNERAL DIRECTOR'S SIGNATURE W. Travis Shelby East Prairie	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. _____

District File Number 549-25

Date Filed 5-9-

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.

Signed _____

David Shelby

Signed _____

Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

27206

East Grand

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.