

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33212

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 361

|  |  |                                   |  |  |    |
|--|--|-----------------------------------|--|--|----|
| 1. PLACE OF DEATH  |  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). |  |    |
| a. COUNTY <u>Cape Girardeau</u>  |  |                                   | a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>                                      |  |    |
| b. CITY (If outside corporate limits, write RURAL and give township)     |  | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township)                   |  | 62 |
| b. CITY OR TOWN <u>Cape Girardeau</u>                                    |  | c. LENGTH OF STAY <u>6 days</u>   | c. CITY OR TOWN <u>Fredericktown</u>   |  |    |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospital</u> |  |                                   | d. STREET ADDRESS (If rural, give location) <u>518 Franklin 11</u>                     |  |    |

|  |                               |   |   |                  |  |
|--|-------------------------------|---|---|------------------|--|
| 3. NAME OF DECEASED  |                               |   | 4. DATE OF DEATH  |                  |  |
| a. (First) <u>Forest</u>   | b. (Middle) <u>William</u>    | c. (Last) <u>Boyd</u>   | (Month) <u>Oct.</u>   | (Day) <u>17,</u> | (Year) <u>1949</u>                         |
| (Type or Print)  |                               |   |   |                  |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Dec. 30, 1919</u>                                     |                  | 9. AGE (In years last birthday) <u>29</u>  |
|  |                               |   |   | Months <u>9</u>  | Days <u>17</u>                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxi cab driver</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country) <u>St. Genevieve County Mo.</u> |                  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

|  |  |   |  |                             |  |
|--|--|---|--|-----------------------------|--|
| 13a. FATHER'S NAME <u>Elliott Boyd</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Cora Johnson</u> |  | 14. NAME OF HUSBAND OR WIFE |  |
|--|--|---|--|-----------------------------|--|

|  |  |                                  |   |  |  |         |
|--|--|----------------------------------|---|--|--|---------|
| 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>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Jeff Boyd - Fredericktown, Mo.</u> |  |  | ADDRESS |
|--|--|----------------------------------|---|--|--|---------|

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH   |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Enter only one cause per line for (a), (b), and (c)  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial De-compensation</u>         |  |  |  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES  |  |  |  |  |
|  |  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |  |  |  |
|  |  | DUE TO (b) <u>General Pusulent Proctitis</u>   |  |  |  |  |
|  |  | DUE TO (c) <u>Ruptured Sigmoid with Surgical Repair.</u>   |  |  |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS   |  |  |  | 576A   |
|  |  | Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 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) |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                      |  |

22. I hereby certify that I attended the deceased from Oct 11, 1949, to Oct 17, 1949, that I last saw the deceased alive on Oct 17, 1949, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

|  |                           |   |  |  |  |
|--|---------------------------|---|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>M.J. Newell D.O.</u> |                           | 23b. ADDRESS <u>105 S. Spanish Cade, St. Genevieve, Mo.</u> |  | 23c. DATE SIGNED <u>Oct 21, 1949</u>   |  |
| 24a. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>    | 24b. DATE <u>10-20-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mayberry Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>St. Genevieve Co. Mo.</u>           |  |
| DATE REC'D BY LOCAL REG. <u>10-24-1949</u>               |                           | REGISTRAR'S SIGNATURE <u>C. C. Summers</u>                  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adams</u> ADDRESS <u>Fredericktown, Mo.</u> |  |

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

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RECEIVED 10-31-49

Dict H Officer No. 4

Dict P Number 1049-143

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_  
Student Embalmer

Signed *L. Taylor Adams*

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.