

FILED APR 23 1951

STANDARD CERTIFICATE OF DEATH

11569
State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 396

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>	
b. CITY OR TOWN <u>ST. JOSEPH</u>		c. CITY OR TOWN <u>CAMDEN POINT 1830</u>	
c. LENGTH OF STAY (in this place) <u>3 MO.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PARKELEY NURSING HOME 1006 DEWEY AVE.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>R.</u> c. (Last) <u>BOYD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 6, 1951</u>		
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>OCT. 28 1877</u>	9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>CAMDEN POINT, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>I.S. BOYD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E. GALBRAITH</u>		14. NAME OF HUSBAND OR WIFE <u>E.G. BOYD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E.G. BOYD</u> ADDRESS <u>DEARBORN, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. nephritis</u> DUE TO (c) <u>Hypertensive cardiovascular renal disease</u>			?	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paraplegia from anterior poliomyelitis 7 1/2 yrs.</u>				

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>442 x C</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec 25, 1950 to April 6, 1951, that I last saw the deceased alive on Apr 4, 1951, and that death occurred at 6:01 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Grant M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>4.9.51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CAMDEN POINT CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CAMDEN POINT MO</u>	
DATE REC'D BY LOCAL REG. <u>April 16, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHAN-AUFERANC</u>		ADDRESS <u>DEARBORN, MO.</u>	

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.