

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32005**
Registrar's No. **3362**

S. No. 300
v. 10-48

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

4012

FILED OCT 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>3362</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) Clayton		a. STATE Arkansas		b. COUNTY Jefferson	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Pine Bluff		d. STREET ADDRESS 8		8030	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DOA St. Louis County Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Melba	b. (Middle) Ardeanie	c. (Last) Boyd	Month Oct.	Day 7	Year 1951	Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 15, 1951	9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (State or foreign country) Jefferson Co., Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
13a. FATHER'S NAME Jack L. Boyd	13b. MOTHER'S MAIDEN NAME Mildred Hood	14. NAME OF HUSBAND OR WIFE None	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jack L. Boyd	17. ADDRESS Pine Bluff, Ark.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Castlewood St. Louis Mo.	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/7/51 6 A. m.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/7/51 6 A. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Home caught on fire while occupants were asleep	22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	23. SIGNATURE (Degree or title) Arnold J. Willmanns	23b. ADDRESS 3 Clayton, Mo.	23c. DATE SIGNED 10/8/51	24a. BURIAL, CREMATION, REMOVAL Removal
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 10-8-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Pine Bluff, Ark.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	25. ADDRESS 4700 Washington Blvd.	DATE REC'D BY LOCAL REG. 10-8-51	REGISTRAR'S SIGNATURE Hubert R. Samba

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..... No Embalm

Licensed Embalmer No.....

P. O. Address.....

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.