

STANDARD CERTIFICATE OF DEATH

1945

State File No.

FILED JAN 15 1952

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 4

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| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> | |
| c. LENGTH OF STAY (In this place) <u>19 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>1320 Clay</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1320 Clay</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Scott</u> | b. (Middle) <u>Leslie</u> | c. (Last) <u>Boyd</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6, 1952</u> |
|-------------------------------------|-------------------------|---------------------------|-----------------------|--|

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|--------------------|-------------------------------|---|-------------------------------------|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 8, 1875</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|-------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Stephen Boyd</u> | 13b. MOTHER'S MAIDEN NAME <u>Pricella Thomas</u> | 14. NAME OF HUSBAND OR WIFE <u>Ella Boyd</u> |
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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) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>XX</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Boyd, Chillicothe, Mo.</u> | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>260X</u> | 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT 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 July 1, 1948 to Jan 6, 1952, that I last saw the deceased alive on Jan 5, 1952, and that death occurred at 9:25A m., from the causes and on the date stated above.

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|---|-------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Chillicothe Mo.</u> | 23c. DATE SIGNED <u>Jan-7-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 8, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u> | 24d. LOCATION (City, town, or county) (State) <u>Wheeling, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan-7-52</u> | REGISTRAR'S SIGNATURE <u>Frances B Neale</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Jordan</u> | ADDRESS <u>Chillicothe Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0592

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 Ronald Jordan.....

Licensed Embalmer No. 4491.....

P. O. Address Chillicothe, 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.