

## STANDARD CERTIFICATE OF DEATH

State File No. 32205

SEP 16 1952

BIRTH NO. _____		REG. DIST. NO. 385		PRIMARY REG. DIST. NO. 3039		Registrar's No. 495			
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Missouri</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		0581			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>413 S. Main</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u>		b. (Middle) <u>ESTHER</u>		c. (Last) <u>BOYD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-15-1952</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June-27-1891</u>		9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	11. UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>State Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George Glose</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stewart</u>		13c. NAME OF HUSBAND OR WIFE <u>Ray D. Boyd</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray D. Boyd</u>				ADDRESS <u>Brookfield Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach with generalized metastases</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>		
		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary artery disease, hyperlipidemia, heart disease</u>					<u>151X</u>		
19a. DATE OF OPERATION <u>8-14-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma involving lower 1/3 of stomach with metastases to liver &amp; pancreas</u>						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 <u>Aug 9, 1952</u> , to <u>Aug 15, 1952</u> , that I last saw the deceased alive on <u>Aug 10, 1952</u> , and that death occurred at <u>3:00 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John R. Drenth</u>				(Degree or title)		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>8-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>18-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>			
DATE REC'D BY LOCAL REG. <u>Aug 17-1952</u>		REGISTRAR'S SIGNATURE <u>Maryloue Jones</u>		401 -		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Blacklock</u>			
						ADDRESS <u>Brookfield Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 17 1952

**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 J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.