

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

State File No. **37677**
Registrar's No. **1265**

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 1265	
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)		
a. COUNTY BUCHANAN			a. STATE MISSOURI		b. COUNTY BUCHANAN
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH		c. LENGTH OF STAY (in this place) 1 WEEK	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Dear born 0110		
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. METH. HOSP.			d. STREET ADDRESS (If rural, give location) 3 MILE N.E. DEARBORN		
3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) MARVIN			b. (Middle) CAPLES		
c. (Last) BOYDSTON			Month NOV. Day 29 Year 1952		
5. SEX 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JULY 1, 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEDICAL DOCTOR		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PLATTE CO. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME BENJAMIN F. BOYDSTON		13b. MOTHER'S MAIDEN NAME MARTHA A. BORDEN		14. NAME OF HUSBAND OR WIFE NANCY E. MEANS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Lucille Boydston, Dearborn, Mo.	
MEDICAL CERTIFICATION					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				14 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				2 yrs.	
DUE TO (b) Arteriosclerosis				2 yrs.	
DUE TO (c) Arteriosclerosis General				2 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446X			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 11-22-52, 19__, to 11-29-52, 19__, that I last saw the deceased alive on 11-28-52, 19__, and that death occurred at 12:35 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W.C. Serrin MD			23b. ADDRESS 207 PHS St Joseph, MO		23c. DATE SIGNED 12-3-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 1, 1952		24c. NAME OF CEMETERY OR CREMATORY DEARBORN CEMETERY	
24d. LOCATION (City, town, or county) DEARBORN		(State) MO			
DATE REC'D BY LOCAL REG. Dec 5, 1952		REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN-AUFRANC	
				ADDRESS DEARBORN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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FILED DEC 8 1952

DEC 22 1930

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.