

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 38429

FILED DEC 8 1953

BIRTH NO. REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5163 Registrar's No. 17

D140

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tebbets		c. LENGTH OF STAY (in this place) 12 years	c. CITY OR TOWN Tebbets
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Addie		b. (Middle) Ola	c. (Last) Boyd
4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 29, 1871
9. AGE (In years less birthday) 81		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Tebbets Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME E.M. Sitton		13b. MOTHER'S MAIDEN NAME Lucy Fletcher	14. NAME OF HUSBAND OR WIFE Luther E. Boyd
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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Louis Berghauer ADDRESS Fulton Mo
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis Chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Stenosis DUE TO (c) 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	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 10/10, 1952, to 11/22, 1953 that I last saw the deceased alive on 11/17, 1953 and that death occurred at 2:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE W. Payne M.D.		23b. ADDRESS R #6 Fulton Mo	23c. DATE SIGNED 12/5/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Riverview	24d. LOCATION (City, town, or county) (State) Tebbets Mo.
DATE REC'D BY LOCAL REG Dec 1-53	REGISTRAR'S SIGNATURE LeRoy Claypool	25. FUNERAL DIRECTOR'S SIGNATURE Murphy Funeral Home	ADDRESS Fulton Mo

DEC 27 1954

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.....
Signature of Student Embalmer

Signed *A. J. Rossor*.....

Licensed Embalmer No. *2858*

P. O. Address *Fullerton Ca*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.