

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

36229

State File No.

No. 300
10-48

FILED OCT 19 1954

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY OR TOWN <u>Dexter Liberty</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural (Elk)</u>		10-30	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sam Davis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1, Parma, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Boyt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1954</u>	
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>Aug. 20, 1872</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John Boyt.</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Godden</u>			14. NAME OF HUSBAND OR WIFE <u>Laura</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Laura Boyt, Parma, Mo. R. 1</u> ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C.A. of the prostate</u> DUE TO (c) <u>Generalized metastasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Operated 69m</u> <u>egs</u>	
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) (Min.)		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>May</u> , 1954, to <u>Oct 11</u> , 1954, that I last saw the deceased alive on <u>Oct 11</u> , 1954, and that death occurred at <u>12:45 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S.S. Davis M.D.</u>				23b. ADDRESS <u>Wichman St. Dexter Mo</u>		23c. DATE SIGNED <u>10/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barker</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-15-54</u>		REGISTRAR'S SIGNATURE <u>Deluna D. Fenber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u> ADDRESS <u>Dexter, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 2 1951

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 _____

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.