

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

State File No. **7962**
Registrar's No. **35**

FILED APR 11 1955

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5502**

420

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BEAR CREEK TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BEAR CREEK TWP	
c. LENGTH OF STAY (In this place) 66 yrs		0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION HIS HOME		e. STREET ADDRESS (If rural, give location) BEAR CREEK MOUNTAIN	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ANDERSON c. (Last) BOYD			4. DATE OF DEATH (Month) (Day) (Year) APRIL 3 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH AUG. 9, 1888		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR: Months 7 Days 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) HENRY Co. MO.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN A. BOYD		13b. MOTHER'S MAIDEN NAME LAURA T. HATCH	
14. NAME OF HUSBAND OR WIFE RUTH BOYD		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 Mr. John A. Boyd, Montrose, Mo.		ADDRESS Montrose, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH immediate	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) Hypertension 5 years.	
		DUE TO (c) Atherosclerosis and 5 years.			
		II. OTHER SIGNIFICANT CONDITIONS: Chronic Myocarditis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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 **March 10, 1952**, to **April 3, 1955**, that I last saw the deceased alive on **April 3, 1955**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. R. S. Hallingrud, M.D.		23b. ADDRESS Clinton, Missouri		23c. DATE SIGNED 4/4/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APR. 6, 1955		24c. NAME OF CEMETERY OR CREMATORY BEAR CREEK CEM.	
24d. LOCATION (City, town, or county) Montrose, Mo. Rural		24e. (State) MO.		25. FUNERAL DIRECTOR'S SIGNATURE H. S. ...	
DATE REC'D BY LOCAL REG. Apr. 6-55		REGISTRAR'S SIGNATURE Florence Adair		ADDRESS 422 ...	

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

APR 19 1955

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. A. Vassant

Licensed Embalmer No. 3779

P. O. Address Caluiter, 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.