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THE DIVISION OF HEALTH OF MISSOURI

1522

FILED JUN 13 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5530 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Holt.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Benton Twp.</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>	c. CITY OR TOWN <u>Mound City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2 mi. E. Mound City</u>		e. STREET ADDRESS (If rural, give location) <u>2 Mi E. of Mound City</u> <u>0440</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u> b. (Middle) <u>LEONARD</u> c. (Last) <u>BOYD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1955</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>Dec 9, 1893</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Holt County, Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Boyd</u>		13b. MOTHER'S MAIDEN NAME <u>Martha VanBedder</u>	14. NAME OF HUSBAND OR WIFE <u>Delia Allison Boyd</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 1</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Delia Boyd, Mound City, Mo</u>
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer primary of stomach 2 years</u>			
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
151X.			
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 <u>May 19 1955</u> to <u>June 8, 1955</u> , that I last saw the deceased alive on <u>6-7</u> , 1955, and that death occurred at <u>3 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F E Hooper MD</u>		23b. ADDRESS <u>Mound City Mo</u>	23c. DATE SIGNED <u>6-9-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/10/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-9-55</u>	REGISTRAR'S SIGNATURE <u>James Crawford</u> <u>469</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Crawford Mound City, Mo.</u>	

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

JUL 1 1955
JUN 17 1955

JUN 20 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.....
Signature of Student Embalmer

Signed *James H. Crawford*.....
Licensed Embalmer No. 479

P. O. Address *Round City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.