

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12910**
Registrar's No. **437**

FILED MAY 14 1956
BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield	c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN LaRussell	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If deceased in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Springfield Baptist Hospital		F. STREET ADDRESS (If rural, give location) R.F.D. 4550	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Oscar c. (Last) Boyd	4. DATE OF DEATH (Month) (Day) (Year) May 7, 1956					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 13, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Montgomery Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William H. Boyd	13b. MOTHER'S MAIDEN NAME Hinton Rose Boyd	14. NAME OF HUSBAND OR WIFE Wife
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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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Caley P. Boyd, son, Jasper, Mo R#1
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary embolus		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) phlebotrombosis legum		unknown
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic changes right lower extremity		2 weeks

19a. DATE OF OPERATION 5-2-56	19b. MAJOR FINDINGS OF OPERATION Arteriosclerosis right lower extremity 463x	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 **4-30, 1956** to **May 7, 1956**, that I last saw the deceased alive on **5-7, 1956**, and that death occurred at **12:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Nashley	23b. ADDRESS mo. Springfield Mo	23c. DATE SIGNED 5-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) 5 Jun 1956	24b. DATE 5-9-56	24c. NAME OF CEMETERY OR CREMATOR Grey's Point	24d. LOCATION (City, town, or county) (State) Lawrence Co Mo
DATE REC'D BY LOCAL REG. 5-9-56	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morris Seiman Miller Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *S. P. Simon*

Licensed Embalmer No. 329

P. O. Address *Miller*

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.