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FILED MAY 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14054**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **211** PRIMARY REG. DIST. NO. **4324** Registrar's No. **14-56**

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY OR TOWN <b>Tuscumbia</b>		c. CITY OR TOWN <b>rural Osage twp</b>	
c. LENGTH OF STAY (In this place) <b>6 days</b>		d. STREET ADDRESS (If rural, give location) <b>St. Elizabeth, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Humphreys Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Greenville Boyd</b>			4. DATE OF DEATH <b>Apr 27, 1956</b>	
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 6, 1876</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Miller Co., Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Robert Boyd</b>	13b. MOTHER'S MAIDEN NAME <b>Cynthia Grosvenor</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Boyd</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Emma Boyd</b>	ADDRESS <b>St. Elizabeth, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>  <b>Years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> 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	<b>3 3/4</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **7/14, 1955** to **April 27, 1956**, that I last saw the deceased alive on **April 27, 1956**, and that death occurred at **3: P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. M. A. Gould MD</b>	23b. ADDRESS <b>Iberia, Mo.</b>	23c. DATE SIGNED <b>5/2/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/30/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Capps</b>	24d. LOCATION (City, town, or county) (State) <b>Tuscumbia, Mo.</b>
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DATE REC'D BY LOCAL REG <b>May 3, 1956</b>	REGISTRAR'S SIGNATURE <b>Mrs. D. E. Kallenbach</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Hedges</b>	ADDRESS <b>Hedges Funeral Home Iberia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

*Walter P. Redden*

Licensed Embalmer No. *4265*

P. O. Address *Sherris, 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.