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THE DIVISION OF HEALTH OF MISSOURI

FILED APR 19 1956

STANDARD CERTIFICATE OF DEATH

14385

State File No.

BIRTH NO. 124 902 91-55 316 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>St. Francois Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Farmington</u>	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 W. Liberty</u>		e. STREET ADDRESS (If rural, give location) <u>601 W. Liberty</u> <u>09410</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Paul</u>	c. (Last) <u>Boyd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Dec. 23-1956</u>	9. AGE (In years last birthday) <u>3</u> <u>14</u> Months Days	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Farmington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Boyd</u>	13b. MOTHER'S MAIDEN NAME <u>Mary La Plant</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Boyd</u>	ADDRESS <u>601 W. Liberty</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia due to Bronchiolae Obstruction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diffuse Bronchiolitis with Retained Secretions</u>		<u>1 da</u>
DUE TO (c) <u>Acute Tracheo-bronchitis</u>		<u>1 da</u>	
II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PREMATURITY - APPROX 2 mo. premature</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>500X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 12-23, 1955, to Apr. 7, 1956, that I last saw the deceased alive on Apr 4, 1956, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marvin J. Guloe D.O.</u> (Degree or title)	23b. ADDRESS <u>Farmington, Mo</u>	23c. DATE SIGNED <u>4-7-56</u>
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24a. BURIAL: CREMATION: REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 28 -56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mason 10 Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Federicktown, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 7, 1956</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Copson</u> ADDRESS <u>Farmington, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 23 1956

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.....
W. Cozian

Licensed Embalmer No. 40

P. O. Address *Farmington*

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.