

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27977

FILED AUG 20 1956

State File No.

BIRTH NO. _____ REG. DIST. NO 310 PRIMARY REG. DIST. NO 3058 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>ST CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST CHARLES</u>	c. LENGTH OF STAY (in this place) <u>20 Yrs.</u>	c. CITY OR TOWN <u>ST CHARLES</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE 1029 OLIVE ST.</u>		e. STREET ADDRESS (If rural, give location) <u>1029 OLIVE ST</u>	

3. NAME OF DECEASED (Type or Print) <u>FRANCES. HENRIETTA Boyd.</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug, 10, 1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEURO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>	8. DATE OF BIRTH <u>April 8, 1889</u>	9. AGE (In years last birthday) Months Days <u>67</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MOSCOW MILLS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLIE CLARK.</u>	13b. MOTHER'S MAIDEN NAME <u>CHANEY ROSS</u>	14. NAME OF HUSBAND OR WIFE <u>ALFRED BOYD.</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALFRED BOYD</u>	ADDRESS <u>1029 OLIVE, ST CHARLES, MO</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, ashenia, 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>Bronchopneumonia</u>		<u>1 week</u>
	ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gen arteriosclerosis</u> DUE TO (c) <u>Thyroid Adenoma</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertension CVD</u>		<u>5 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443x</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 7-20-56, to 8-11-56, that I last saw the deceased alive on 8-9-56, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Death or title) <u>R. J. Brudler MD</u>	23b. ADDRESS <u>St Charles, MO</u>	23c. DATE SIGNED <u>August 11 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/13/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TROY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>TROY, MO</u>
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DATE REC'D BY LOCAL REG. <u>Aug 13 1956</u>	REGISTRAR'S SIGNATURE <u>Shamie Brimston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MEMBER-MARSH FUNERAL HOME</u>	ADDRESS <u>TROY, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

288

NOV 15 1962

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.....
Licensed Embalmer No. 3932

P. O. Address TROY, MI

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.