

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

9519

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho R, # 4</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Route #1 Wheaton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>Route # 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Boyd</b>	b. (Middle) <b>Newberry</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 16, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3, 21, 1888</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 24 HRS. Days <b>25</b>	IF UNDER 24 HRS. Hours <b>10</b>	IF UNDER 24 HRS. Min. <b>25</b>
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 <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>9</b>		

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rest Home Records</b>	ADDRESS <b>Neosho, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute nephritis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertrophy of prostate</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>610x</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4 - 55, 1955, to 2-16, 1957, that I last saw the deceased alive on 2-15, 1957, and that death occurred at 7:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Melvin C. Bowman, D.O.</b>	23b. ADDRESS <b>4204 Sherman Neosho Mo.</b>	23c. DATE SIGNED <b>3/9/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2, 19, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rocky Comfort Cem</b>
		24d. LOCATION (City, town, or county) (State) <b>Rocky Comfort Mo.</b>

DATE REC'D BY LOCAL REG. <b>3-13-57</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clark Funeral Home</b>	ADDRESS <b>Neosho, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

223

RECEIVED

Director Health Officer No. *Nepton*  
Jurisdiction File Number *357-61*  
Date Filed *MAR 15 1957*

**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 *W. H. Nepton*

Licensed Embalmer No. *4770*

P. O. Address *Joplin 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.