

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046966

STATE FILE NUMBER

FILED DEC 19 1958

Registration District No. 356

Primary Registration District No. 6208

Registrar's No.

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If admission: Residence before admission) a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EUNICE		c. CITY OR TOWN EUNICE 1070	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Millard Fillmore Boyd		4. DATE OF DEATH Month Day Year DEC. 9 1958	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 12, 1880
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) VERSAILLES, MO.
13a. FATHER'S NAME SAMUAL Boyd		13b. MOTHER'S MAIDEN NAME MARY TIPTON	14. NAME OF HUSBAND OR WIFE SAMANTHY MORGAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address WADE Boyd Houston, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerosis Degenerative Decompensated Heart Disease DUE TO (c) Grade IV			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility - c Cardiovascular Renal Disease			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct. 20, 1958 , to Nov. 20, 1958 and last saw her/him alive on Nov. 20, 1958 Death occurred at Side A on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. J. Burns, MD (Degree or title)		22b. ADDRESS Houston, MO	
22c. DATE SIGNED 12/7/58			
23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 7, 1958	
23c. NAME OF CEMETERY OR CREMATORY UNION CHAPEL		23d. LOCATION (City, town, or county) (State) EUNICE, MO.	
24. FUNERAL DIRECTOR LYNN EVANS ADDRESS Houston, Mo.		25. DATE RECD. BY LOCAL REG. 12-9-58	
26. REGISTRAR'S SIGNATURE Myrtie Craig			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Lewell C. Craig*

Licensed Embalmer No. *4766*

P. O. Address *Mtn Grove 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.