

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012004
STATE FILE NUMBER

FILED MAR 18 1959 Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 29

300
-57

1. PLACE OF DEATH a. COUNTY Dexter <i>Stoddard</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) Dexter		c. CITY OR TOWN Dexter	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 238 Matthews St.	

3. NAME OF DECEASED (Type or print) First Middle Last John Henry Boyt			4. DATE OF DEATH Month Day Year March 7, 1959		
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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 Dec. 28, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days 2 9	IF UNDER 24 HRS. Hours Min. 0 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Near Essex, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME T. J. Boyt	13b. MOTHER'S MAIDEN NAME Ellen Smith	14. NAME OF HUSBAND OR WIFE Marie Boyt
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Marie Boyt Address Dexter, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Central Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X		INTERVAL BETWEEN ONSET AND DEATH 1 day 15 years
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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
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21. I attended the deceased from *Apr 1946* to *6 March 1959* and last saw him alive on *6 March 1959*
Death occurred at *7:20 A. M.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. Waddy</i> (Degree or title) M. D.	22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 3-10-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-9-59	23c. NAME OF CEMETERY OR CREMATORY Dexter	23d. LOCATION (City, town, or county) (State) Dexter, Missouri
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24. FUNERAL DIRECTOR Strickland-Rainey ADDRESS Dexter, Mo.	25. DATE RECD. BY LOCAL REG. 3/14/59	26. REGISTRAR'S SIGNATURE <i>Velma V. Jenkins</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Lucille Rainey*
Licensed Embalmer No. *4983*
P. O. Address *Butler, 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.