

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020249
State File No.

FILED JUN 11 1959

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. 13

1140

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

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY OR TOWN <u>Mansfield</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>	c. CITY OR TOWN <u>Graff</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mansfield Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <u>1140 Mt. Grove--North Star Route</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Boykin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1959</u>
--	--------------------------	----------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>December 6, 1877</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	--	---	--	-----------------------------------	-----------------------------------

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	11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Marion Henson</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>John Boykin</u>
--	---	---

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.	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Boykin</u>	ADDRESS <u>Graff, Missouri</u>
---	-------------------------	--	-----------------------------------

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, asthma, 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>Congestive Circulatory Failure</u>		<u>5 Days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Massive Cerebral Hemorrhage</u>		<u>7 Days</u>
DUE TO (c) <u>Arteriosclerosis</u>			
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 <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 5-18-59, 1959, to 5-25-, 1959, that I last saw the deceased alive on 5-25-, 1959, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard E. Mitchem</u>	(Degree or title) <u>DO</u>	23b. ADDRESS <u>Mtn. Grove, Missouri</u>	23c. DATE SIGNED <u>5-26-59</u>
---	--------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 27, 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friendship Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright County, Missouri</u>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>6/9/59</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Barber Funeral Home Mtn. Grove, Missouri</u>
---	---	--	--

RECEIVED 6-5-59
WRIGHT CO. HEALTH DEPT.
County File No. 659

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 *George Stapp*

Licensed Embalmer No: *3161*

P. O. Address *W. Crane, W.*

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.