

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 23 1960

60-011911

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Length of stay in 1b		c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Stark City R # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DEWEY Middle GEORGE Last BOYED				4. DATE OF DEATH Month March Day 5 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/22/50	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Newton County Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME James Boyed			13b. MOTHER'S MAIDEN NAME Sarah Grayson		14. NAME OF HUSBAND OR WIFE Gladys Boyed			
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. 1599-09-3779		17. INFORMANT Address Gladys Boyed, Stark City 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) Cardiac Standstill DUE TO (b) Congestive Heart Block. DUE TO (c) Congenital Heart Dis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
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		
21. I attended the deceased from 2-27-60 to 3-5-60 and last saw him alive on 3-5-60 Death occurred at 9:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Ray S. Henry M.D.				22b. ADDRESS Neosho, Missouri		22c. DATE SIGNED 3-8-60		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 3-8-1960	23c. NAME OF CEMETERY OR CREMATORY Hazel Green		23d. LOCATION (City, town, or county) (State) Newton County Missouri			
24. FUNERAL DIRECTOR Thompson Funeral Home, Neosho Mo.				25. DATE RECD. BY LOCAL REG. 3-8-60		26. REGISTRAR'S SIGNATURE Melvin C. Brown MD <i>plc KH.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 23 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Larry Scott, Student Embalmer No. 611
working under my personal supervision.

Student Larry Scott
Signature of Student Embalmer

Signed Blyde M. Dammor

Licensed Embalmer No. 5065

P. O. Address Nebraska

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.