

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013513

FILED VS/MAR 30 1960

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 586 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis	Length of stay in 1b DOA	a. STATE Mo	b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Pacific	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital	Inside <input checked="" type="checkbox"/> Outside <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 mi. E. of Pacific	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Fred Middle - Last Boyd.			4. DATE OF DEATH Month Feb Day 21 Year 1960.			
5. SEX m	6. COLOR OR RACE wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-27-1889	9. AGE (last birthday) 71	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 Gravel plant.	11. BIRTHPLACE (City and state or country) Pacific Mo	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME John Boyd	13b. MOTHER'S MAIDEN NAME Mary Russell	14. NAME OF HUSBAND OR WIFE Guy Boyd.	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes.	16. SOCIAL SECURITY NO. 4-28-18 = 3-1919 499-05-4544	17. INFORMANT Yvonne Everhart - Pacific Mo	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Unknown Natural Causes		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	

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"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her alive on 2-21-60
 Death occurred at _____ 9:46 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John C. Murphy M.D. Asst. Health Commissioner	22b. ADDRESS 801 S. Brentwood Clayton, Mo.	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-24-60	23c. NAME OF CEMETERY OR CREMATORY Nat'l Cem.	23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.
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24. FUNERAL DIRECTOR Mrs. John L. Shelley Pacific Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-21-60	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
MAR 30 1987

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.