

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022551

STATE FILE NUMBER

FILED VS JUN 22 1960

55 Primary Registration District No. 3011 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Carroll</i>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Carrollton</i>		Length of stay in 1b <i>2 months</i>		c. CITY OR TOWN <i>De Witt</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lincolnton Rest Home</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Middle Last <i>CORA MARTHA Boyd</i>				4. DATE OF DEATH Month Day Year <i>June 16 1960</i>															
5. SEX <i>female</i>		6. COLOR OR RACE <i>white</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Oct. 2-1883</i>		9. AGE (last birthday) <i>76</i>		IF UNDER 1 YEAR Months Days Hours Min. <i>8 14</i>		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>House work</i>		11. BIRTHPLACE (City and state or country) <i>De Witt, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>											
13a. FATHER'S NAME <i>Brice Hoone</i>				13b. MOTHER'S MAIDEN NAME <i>Lucy Quinn</i>				14. NAME OF HUSBAND OR WIFE <i>deceased</i>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>487-07-8435</i>		17. INFORMANT Address <i>Everett E. Boyd, 1300 West 29th Street, Independence, Missouri</i>													
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>Prob. Myocardial Infarction superimposed on old infarction</i>										INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>									
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							
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 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	
21. I attended the deceased from <i>4 Dec. 1959</i> to <i>16 June 60</i> and last saw ^{her} him <i>alive</i> on <i>16 June 60</i> Death occurred at <i>3:30</i> <i>P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <i>Jack L. Jinyard MD</i> (Degree or title)						22b. ADDRESS <i>116 W. Bouton Carrollton, Mo -</i>				22c. DATE SIGNED <i>6-18-60</i>									
23a. BURIAL CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>June 18-1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Evergreen</i>		23d. LOCATION (City, town, or county) (State) <i>De Witt, Missouri.</i>													
24. FUNERAL DIRECTOR <i>Leopard & Edwards Bosworth, Mo</i>				ADDRESS <i>6-20-60</i>		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <i>Mrs Verberth Carter</i>											

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 16 1960

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

David J. Edwards

Licensed Embalmer No. 32651

P. O. Address Bonmouth Vt

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.