RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1960 318

60-031922
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 8194

IDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri.
Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Enroute St.Louis City Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Texas
b. COUNTY: Tarrant
c. CITY OR TOWN: Fort Worth
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3240 Montague
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James; Middle: Monroe; Last: Boyd

4. DATE OF DEATH: Month: August; Day: 18; Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/17/1917

9. AGE (last birthday): 42

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): Trader

10b. KIND OF BUSINESS OR INDUSTRY: Mercantile Supplies

11. BIRTHPLACE (City and state or country): Eastland County, Texas.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph Boyd

13b. MOTHER'S MAIDEN NAME: Lizzie Miller

14. NAME OF HUSBAND OR WIFE: Nil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. 11

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Joseph Boyd, Address: 3240 Montague, Ft. Worth, Texas.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Subarachnoidal Hemorrhage and
DUE TO (b) Pulmonary Oedema
DUE TO (c) 330x
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 _____ to 10/20/ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Patrick J. Taylor (Degree or title) Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 8.19.60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/19/60
23c. NAME OF CEMETERY OR CREMATORY: Local Cemetery
23d. LOCATION (City, town, or county) (State): Fort Worth, Texas.

24. FUNERAL DIRECTOR: Albert H.Hoppe, Inc., ADDRESS: 4700 WashingtonBlvd.,

25. DATE RECD. BY LOCAL REG.: AUG 19 1960

26. REGISTRAR'S SIGNATURE: Hart Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No.____ 42

P. O. Address____ St. Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.