

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002657

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 248 Primary Registration District No. 5842 Registrar's No. 5

FILED FEB 4 1963

VS 300	DATE AMENDED
Rev. 4/59	
10730	
20730	
3	
4 1	
5 2	
6	
7 0	
8 2	
9784.5	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
10 8	
11	
1290-0	
135-0	
	INSTEAD OF
	MEDICAL CERTIFICATION

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 Racine		Length of stay in 1b Lifetime	c. CITY OR TOWN Racine
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Racine
3. NAME OF DECEASED (Type or print) Lucy Ellen Boydston		4. DATE OF DEATH Month Jan Day 27 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-20-1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Missouri	9. AGE (last birthday) 85
13a. FATHER'S NAME Tommy Gross		14. NAME OF HUSBAND OR WIFE Hiram Boydston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO. [redacted]	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) gastric hemorrhage)		17. INFORMANT T.L. Boydston Racine, Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Probable coronary occlusion		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 4:30 p.m. Month Jan Day 27 Year 1963		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Racine COUNTY Newton STATE Missouri	
21. I attended the deceased from 26 Jan 63 to 27 Jan 63 and last saw her alive on 27 Jan 63		22c. DATE SIGNED 29 Jan 63	
22a. SIGNATURE [Signature] (Degree or title) MD		22b. ADDRESS Racine, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-29-63	23c. NAME OF CEMETERY OR CREMATORY Burkhart Cemetery	23d. LOCATION (City, town, or county) Racine, Missouri
24. FUNERAL DIRECTOR Don R. Kossel, Inc. ADDRESS [redacted]		25. DATE RECD. BY LOCAL REG. 1-30-1963	26. REGISTRAR'S SIGNATURE Mrs. Irene Russell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

FEB 6 1963

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

Don R. Housh

Licensed Embalmer No. 5113

P. O. Address

Amesbury

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.