

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012197

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 10

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 18 1963												
1. PLACE OF DEATH a. COUNTY <u>Johnson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KnobNoster,</u> Length of stay in 1b <u>Life</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>KnobNoster, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>201 W Wimer residence, KnobNoster, Mo.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED First Middle Last <u>SADIE ALICE ROYD</u>												
4. DATE OF DEATH Month Day Year <u>March 8th, 1963</u>												
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-27-1888</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>KnobNoster, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>						
13a. FATHER'S NAME <u>Gideon Augusta Brendel</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Alice Winkler,</u>			14. NAME OF HUSBAND OR WIFE <u>Mr. John C. Boyd</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>			17. INFORMANT <u>201 W. Wimer</u> Address <u>Mr. John C. Boyd, KnobNoster, Missouri</u>						
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>20 mins</u>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <input checked="" type="checkbox"/>		DUE TO (c) <input checked="" type="checkbox"/>				
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 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 Month, Day, Year s.m. p.m.		(Time of injury field is mostly blank in this image)										
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	
<u>KnobNoster, Johnson, Mo</u>			(Remaining fields for 20e and 20f are mostly blank)									
21. I attended the deceased from <u>Mar 8 1963</u> to <u>March 8th 1963</u> and last saw <u>her</u> alive on <u>March 8, 1963</u>										Death occurred at <u>8:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>G.W. Knows</u> (Degree or title)						22b. ADDRESS <u>M.D. KnobNoster, Missouri</u>			22c. DATE SIGNED <u>3-9-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>3-II-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>KnobNoster Cemetery,</u>			23d. LOCATION (City, town, or county) <u>KnobNoster, Missouri</u> (State)				
24. FUNERAL DIRECTOR <u>The Brauntingers, Warrensburg, Mo.</u> ADDRESS					25. DATE RECD. BY LOCAL REG. <u>Mar 9 - 63</u>		26. REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>					

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 *R.A. Bauninger*

Licensed Embalmer No. 3377

P. O. Address Warrenburg, 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.

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