

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031883

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 5449 Registrar's No. 77

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59
 1 10380
 2 20381
 3
 4 1
 5 3
 6
 7 1
 8 2
 9 94201
 10
 11 1290-0
 13 1-0

DATE AMENDED
 INSTEAD OF
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

FILED AUG 26 1963

1. PLACE OF DEATH
 a. COUNTY Gentry
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Township Length of stay in lb 2 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Gentry
 c. CITY OR TOWN King City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) RFD 2 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
RALPH DEWARD BOYD August 8 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2/22/1921 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) Barber 10b. KIND OF BUSINESS OR INDUSTRY Self Employed 11. BIRTHPLACE (City and state or country) DeKalb County, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Cliff Boyd 13b. MOTHER'S MAIDEN NAME Nora M. Lyle 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 17. INFORMANT Address Cliff Boyd King City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 15 min.
 DUE TO (b) Rheumatic valvular disease 10 years.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) muscular atrophy - type undetermined - 3 years 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 8-25-62 to 8-8-63 and last saw him alive on 7-13-63
 Death occurred at 11:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. A. Broyles M.D. 22b. ADDRESS Bellevue Mo 22c. DATE SIGNED 8-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 11, 1963 23c. NAME OF CEMETERY OR CREMATORY King City Cemetery 23d. LOCATION (City, town, or county) (State) King City, Missouri

24. FUNERAL DIRECTOR ADDRESS Harold E. Nussel King City, Mo. 25. DATE RECD. BY LOCAL REG. 8-15-63 26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

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

Harold E. Hoebel

Licensed Embalmer No.

4609

P. O. Address

King City, 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.