

CERTIFICATE OF DEATH

70 0016774

Registration District No. 284 Primary Registration District No. 4419 Registrar's No. 34

DO NOT WRITE ON THIS STUB

9. 0

10a. 88

10b. 90

11. 0

12. 2

13. 4123

14. 9

15. 0

16. 0

17. 0

18. 0

19. CREDITS

20. 1-0

VS 300  
Rev. 1/70

4. 0830

5. 90

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

60830

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. James Moses Boydston			Male	April 28, 1970		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 88	5b.	5c.	6. May 16, 1881	
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. Dearborn			7b. Home in Dearborn, Missouri			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. U.S.A.		10. Widowed		11. None
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY	
12.		13a. Farmer			13b. Farm	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)
14a. Missouri		14b. Platte		14c. Dearborn		14d. yes
FATHER—NAME		MOTHER—MAIDEN NAME				
15. Moses Boydston		16. Roachel Crowe Boydston				
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17. Mrs. Audrey Edwards			17b. Dearborn, Missouri			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Myocardial failure						Acute
(b) Sudden cardiac death						10 yrs
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
						19a. —
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.		20b.		20c.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (BLOG., ETC. (SPECIFY))		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON
21a. 3 16 70		TO 3 28 70		21c. 3/28/70		I DID/DID NOT VIEW THE BODY AFTER DEATH
21b. DECEASED FROM						21d. 3 hr
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED
22a. P. W. Purcell						22b. M. 27b.
CERTIFIER'S NAME (OR PRINT)						SIGNATURE
23a. P. W. Purcell						23b. [Signature]
MAILING ADDRESS—CERTIFIER						DATE SIGNED (MONTH, DAY, YEAR)
23d. Smidville, Mo.						23c. 4/29/70
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		
24a. Burial		24b. Camden Point Cemetery		24c. Camden Point, Missouri		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. April 30, 1970		24e. Rollins Funeral Home Platte City, Mo. 64079				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. [Signature]		25b. [Signature]		25c. April 30, 1970		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

MAY 27 1970  
AMST

JUN 22 1970

**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 *Lawrence P. Folkins*

Licensed Embalmer No. 5710

P. O. Address *State 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.