

Missouri Digital Heritage, "Missouri Death Certificates, 1910-1970," database with images, https://www.sos.mo.gov/mdh, accessed 1 Nov 2021, John Franklin Boyd, cert. 7356, citing Missouri State Archives.

5. No. 300
7. 10.48

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7356

State File No.

BIRTH NO.		REG. DIST. NO. <u>23</u>		PRIMARY REG. DIST. NO. <u>5087</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>BATES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-HOWARD</u>		c. LENGTH OF STAY (in this place) <u>20 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-HOWARD TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi West - Rich Hill, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rich Hill, Mo. REDE # 21</u>				3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>BOYD</u>			
4. DATE OF DEATH <u>MARCH-22-1949</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>NOVEMBER-16-1878</u>		9. AGE (In years last birthday) <u>71</u> <u>4</u> <u>8</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>SWITZLAND COUNTY, IND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JOHN HENRY BOYD</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH HADCOCK</u>	
14. NAME OF HUSBAND OR WIFE <u>LENA BOYD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Boyd Rich Hill, Mo #2</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIAL HYPERTENSION</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 HOURS</u> <u>2 YEARS</u> <u>UNKNOWN</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>447X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>DEC 15, 1947</u> , to <u>APR 22, 1949</u> , that I last saw the deceased alive on <u>APR 19, 1948</u> , and that death occurred at <u>12:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John M. Cooper M.D.</u>		23b. ADDRESS (Degree or title) <u>Butler, Mo</u>		23c. DATE SIGNED <u>3-24-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MARCH-26-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>INDEPENDENCE</u>		24d. LOCATION (City, town, or county) (State) <u>Bates County-MO</u>		DATE REC'D BY LOCAL REG. <u>3/26/49</u>	
REGISTRAR'S SIGNATURE <u>Fernand Martin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booths</u>		ADDRESS <u>Rich Hill, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

Licenses Exp. Number 3-4-1-33

Date Filed 4-5-49

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 _____

Grace T. Hill

Student Embalmer No. 296

working under my personal supervision.

Signed

Grace T. Hill
Student Embalmer

Signed

Robert L. Steinbeck

Licensed Embalmer No. 4657

P. O. Address

Butler, 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 this body is not embalmed, fact should be so stated above.