

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19915

State File No. _____
Registrar's No. 183

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sugar Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sugar Creek	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 11100 Scarritt	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 11100 Scarritt St.			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Thomas c. (Last) Boldizs			4. DATE OF DEATH (Month) (Day) (Year) June 26, 1949		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 7, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Still cleaner (retired)	10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.	11. BIRTHPLACE (State or foreign country) Feher-Meggs, Hungary	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Boldizs	13b. MOTHER'S MAIDEN NAME Anna (unknown)	14. NAME OF HUSBAND OR WIFE Mrs. Thresa Boldizs
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 486 03 0098	17. INFORMANT'S SIGNATURE OR NAME Mrs. Thresa Boldizs, Sugar Creek, Mo.	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		156A	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/18, 1948 to 6/26, 1949, that I last saw the deceased alive on 5/30, 1949, and that death occurred at 4:35A m., from the causes and on the date stated above.

23a. SIGNATURE Vance E. Link, M.D. (Degree or title) V	23b. ADDRESS VANCE E. LINK, M. D. 1st Nat'l. Bank Bldg. INDEPENDENCE, MO.	23c. DATE SIGNED 6/27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE June 28, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. June 28-1949	REGISTRAR'S SIGNATURE [Signature]	354	FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Independence, Mo.
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JUN 29 1950

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.....

John M. Heiman

Student Embalmer No. *269*

working under my personal supervision.

Signed.....

John M. Heiman
Student Embalmer

Signed.....

R. D. Lisle

Licensed Embalmer No. *4123*

P. O. Address.....

Independence, 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.