

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. - 33517  
4171

BIRTH NO. 125267-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4171

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blue Springs</u> 0480	
c. LENGTH OF STAY (In this place) <u>1 day 3 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Girl</u> b. (Middle) <u>Boston</u> c. (Last) <u>Boston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-3-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Oct 2-1950</u>
9. AGE (In years last birthday) <u>1</u> Months <u>3</u> Days <u>37</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>new born</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>William Edger Boston</u>	

13b. MOTHER'S MAIDEN NAME <u>Dorcas Lenora Bartley</u>		14. NAME OF HUSBAND OR WIFE <u>—</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>—</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr William Boston Blue Springs Mo</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mediastinal Emphysema &amp; Atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10-2-50</u> <u>10-3-50</u> <u>7620</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tracheal Obstruction (aspiration of mucus)</u>		
	DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	

22. I hereby certify that I attended the deceased from Oct. 2, 1950, to Oct. 3, 1950, that I last saw the deceased alive on Oct. 3, 1950, and that death occurred at 8:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bailey C. Andrus</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>315 Nichols Road</u>		23c. DATE SIGNED <u>Oct. 3, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>Oct. 4-1950</u>		24c. NAME OF CEMETERY OR CREMAIORY <u>Blue Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>Blue Springs Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>Seraldine Holmes Webb Funeral Home - Blue Springs Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-3-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed R. B. Webb

Signed.....  
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.