

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19772

State File No.

BIRTH NO. 6-4-51 REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5339 Registrar's No. Rea

1. PLACE OF DEATH

a. COUNTY

Dade

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Rural

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

Rock Prairie Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Kansas City, Mo. 3648

d. STREET ADDRESS

3927 Troost Avenue3. NAME OF DECEASED
(Type or Print)

a. (First)

Helen

b. (Middle)

Marie

c. (Last)

Boring

4. DATE OF DEATH

(Month)

(Day)

(Year)

June 3 1951

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 8 - 1912

9. AGE (In years last birthday)

38

IF UNDER 1 YEAR

Months 5 Days 25

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housekeeping

11. BIRTHPLACE (State or foreign country)

Breckenridge Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

John W. DeVaul

13b. MOTHER'S MAIDEN NAME

Elizabeth

14. NAME OF HUSBAND OR WIFE

Buell Otis Boring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Dr. Buell Otis Boring Kansas City, Mo.

ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Fracture of Skull

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Public Highway, 160

21c. (CITY, TOWN, OR TOWNSHIP)

Rural

(COUNTY)

Dade

(STATE)

MO.

21d. TIME OF INJURY

June 3 1951 5:50pm

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

Automobile Accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:50p m., from the causes and on the date stated above.

23a. SIGNATURE

J. R. Weir Coroner

(Degree or title)

3

23b. ADDRESS

Lockwood Mo.

23c. DATE SIGNED

June 3 - 1951

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

June 6 - 1951

24c. NAME OF CEMETERY OR CREMATORY

Forrest Hills Cemetery

24d. LOCATION (City, town, or county)

Kansas City Mo.

(State)

DATE REC'D BY LOCAL REG.

6-4-51

REGISTRAR'S SIGNATURE

Geo. R. Weir 790

25. FUNERAL DIRECTOR'S SIGNATURE

J. W. Birch

ADDRESS

Cash Grove Mo.

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 11 1951

Dist. File 637-1300

Date Filed 6-11-51

AUG 15 1951

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
Student Embalmer.

Signed _____

J. W. Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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.