

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2675

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Kansas</b> b. COUNTY <b>Edwards</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Haviland</b>  |  |
| c. LENGTH OF STAY (in this place) <b>56 hours</b>                                       |  | d. STREET ADDRESS (If rural, give location) <b>R.F.D. 1</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Pickwick Hotel, 10th &amp; McGee</b>        |  |   |  |

|  |                            |  |   |   |  |
|--|----------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print)  |                            |  | 4. DATE OF DEATH (Month) (Day) (Year)                                     |   |  |
| a. (First) <b>IVA</b>  | b. (Middle) <b>I.</b>      | c. (Last) <b>BOICOURT</b>  | <b>6</b>  | <b>22</b>                                 | <b>51</b>                                  |
| 5. SEX <b>Fe</b>   | 6. COLOR OR RACE <b>Wh</b> | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>2-13-1894</b>   | 9. AGE (In years last birthday) <b>57</b> | IF UNDER 1 YEAR Months Days Hours Min.     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b> |                            | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>                    | 11. BIRTHPLACE (State or foreign country) <b>Siloam Springs, Arkansas</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <b>Benjamin Howerton</b>                                 | 13b. MOTHER'S MAIDEN NAME <b>Ann Johnson</b> | 14. NAME OF HUSBAND OR WIFE <b>Orville R. Boicourt</b>                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b>          | 17. INFORMANT'S SIGNATURE OR NAME <b>Norene Boicourt</b> , ADDRESS <b>Haviland, Kansas</b> |

|   |  |             |  |
|---|--|-------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |             | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 years</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Asthma</b>   |             |  |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |             |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>   |  | <b>241X</b> |  |

|   |  |   |
|---|--|---|
| 19a. DATE OF OPERATION <b>None</b>                          | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>          | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                       |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7:00</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>None</b>                                |

22. I hereby certify that I attended the deceased from June 21, 1951, to June 22, 1951, that I last saw the deceased alive on June 21, 1951, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

|   |   |  |
|---|---|--|
| 23a. SIGNATURE <b>Herbert J. Rinkel</b> (Degree or title)     | 23b. ADDRESS <b>M. D. 1102 Guard Ave K.C. Mo.</b> | 23c. DATE SIGNED <b>June 22, 1951</b>              |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Reinterred</b>   | 24b. DATE <b>5/6 23-51</b>                        | 24c. NAME OF CEMETERY OR CREMATORY <b>Haviland</b> |
| 24d. LOCATION (City, town, or county) <b>Haviland, Kansas</b> |   | (State)  |

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <b>6-23-51</b> | REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Wagner</b> ADDRESS <b>K. C. Mo.</b> |
|---|---|--|

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

11-9511  
By my cert  
1960

VS AUG 24 1960

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 Alvin R. Harnuschuld

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.