

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22952

State File No.

FILED AUG 4 1951

2861

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

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas b. COUNTY Wyandotte

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 5 weeks
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 8154 X

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4123 Independence Avenue
d. STREET ADDRESS (If rural, give location) 2313 North Mill Street

3. NAME OF DECEASED (Type or Print)
a. (First) Sarah b. (Middle) Jane c. (Last) BOYER
4. DATE OF DEATH (Month) (Day) (Year) July 5, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 11-15-60 9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 8 IF UNDER 24 HRS. Days 8 Hours 8 Min. 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Leavenworth, Kansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Abe Lanham 13b. MOTHER'S MAIDEN NAME Sarah Jane Buchanan 14. NAME OF HUSBAND OR WIFE Irwin Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -- 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola Sterling ADDRESS 2514 W. 91st. KC. Ks.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Arteriosclerosis
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.
INTERVAL BETWEEN ONSET AND DEATH 42-21

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 7, 1937, to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE P. E. Pearson MD (Name or title) 23b. ADDRESS 6025 Reall Bldg 23c. DATE SIGNED 7/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 7-7-51 24c. NAME OF CEMETERY OR CREMATORY Mt. Muncie 24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas

DATE REC'D BY LOCAL REG. 7-6-51 REGISTRAR'S SIGNATURE Geraldine Helms 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Paul E. Pearson
Trinity Lutheran Hosp.
St. Louis, Mo.
asked by

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.

Student
Student Embalmer

Signed J. H. P. Ryan
Licensed Embalmer No. 2984

P. O. Address K.C.

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.