

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26800**

FILED AUG 25 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3515

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</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>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>37 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>1010 E. 27th STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>			
3. NAME OF DECEASED a. (First) <b>HERBERT</b> b. (Middle) <b>A.</b> c. (Last) <b>BOYDSTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 16-1951</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>Jan. 2-1914</b>
9. AGE (In years last birthday) <b>37</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>KICK-PRES</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>KICK-PRES</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DAYTON MOVING</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>PHAS C. BOYDSTON</b>		13b. MOTHER'S MAIDEN NAME <b>LILLY GRIMM</b>	14. NAME OF HUSBAND OR WIFE <b>MARGART PARSONS BOYDSTON</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>499-09-1848</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HENRY BOYDSTON</b> ADDRESS <b>2302 HARDESEY</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Facerulum Braini Subdural</b>		INTERVAL BETWEEN ONSET AND DEATH <b>89 3/4</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Subarachnoid Hemorrhage</b> <b>Fractured Skull</b>		
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 <b>123</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>2</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-14-51-12:00</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Struck in face, fell back</b>
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>5</b>	23b. ADDRESS <b>1034 Rialto Bldg</b>	23c. DATE SIGNED <b>8-17-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG-20-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MC. WASHINGTON</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO.</b>
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DATE REC'D BY LOCAL REG. <b>8-17-51</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.H. BLACKMAN &amp; SON INC. K.C. MO.</b>
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Bert B. Bennett*

Licensed Embalmer No. *4656*

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.