

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5568

S. No. 300  
v. 10.48

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

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) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>1405 Roanoke</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1405 Roanoke</u>			

3718  
5718

3. NAME OF DECEASED (Type or Print) a. (First) <u>Norman</u> b. (Middle) <u>W.</u> c. (Last) <u>BOYLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>9-30-1909</u>		9. AGE (In years last birthday) <u>42</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Trans. Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Post Office</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>	

13a. FATHER'S NAME <u>Patrick W. Boyle</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Stone</u>		14. NAME OF HUSBAND OR WIFE <u>Sophia C. Boyle</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-07-8708</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sophia C. Boyle, 1405 Roanoke, KC, Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 Min.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC DECOMPENSATION</u>				<u>2 Mon.</u>	
		DUE TO (c) <u>CORONARY Occlusion</u>				<u>8 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Dec 10, 1949 to Dec 24, 1951, that I last saw the deceased alive on Dec 22, 1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Marcus Heller M.D.</u> (Degree or title)		23b. ADDRESS <u>416 Bryant Bldg</u>		23c. DATE SIGNED <u>12-26-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>12-26-51</u>		REGISTRAR'S SIGNATURE <u>Ceraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, Kansas City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Keller

416 Bryant Bldg

In receipt about  
Wed - 3:30

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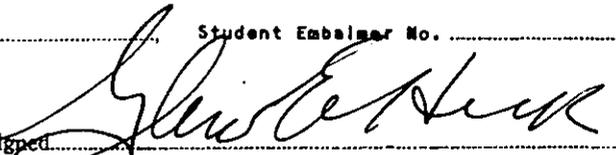
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STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 4063 .....

P. O. Address K C Sm .....

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.