

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20790**

0480
OV

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5572 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Prarie		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3218	
c. LENGTH OF STAY (In this place) 2 yr		d. STREET ADDRESS (If rural, give location) 6236 East 14th. Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Lula		b. (Middle) A	
		c. (Last) Boyd	
4. DATE OF DEATH (Month) (Day) (Year) June 17, 1952			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 2-17-1872
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
11. BIRTHPLACE (City and State or Foreign Country) Richmond, Missouri		12. CITIZEN OF WHAT COUNTRY? U	
13. FATHER'S NAME Jesse Burgess		13b. MOTHER'S MAIDEN NAME Sarah Ho Searcy	
14. NAME OF HUSBAND OR WIFE Thomas Boyd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Miss L. E. Denny		ADDRESS 2204 E 70th	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			
INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) Arteriosclerosis			
DUE TO (c) Senility			
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	
		4301	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-15-52 , 19 52 , to 6-16-52 , 19 52 , that I last saw the deceased alive on 6-16-52 , 19 52 , and that death occurred at 4:10 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Marjory Reyna		23b. ADDRESS R # 4 Independence, Mo.	
23c. DATE SIGNED 6-18-52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-18-52	
24c. NAME OF CEMETERY OR CREMATORY mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG. 6/18/52		REGISTRAR'S SIGNATURE Donald C. Earnshaw	
25. FUNERAL DIRECTOR'S SIGNATURE W.W. Newcomer		ADDRESS Louis K.C. Mo	

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

JUL 7 1952

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 L. Omer Thomas

Licensed Embalmer No. 2640

P. O. Address A C 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.