

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23879

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5226 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MT PLEASANT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MT PLEASANT 0190</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles s.w. Belton</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1/2 mile west Belton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KENNETH</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>BOLES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3, 1952</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>Aug. 14, 1922</u>		9. AGE (In years last birthday) <u>29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Koshkonong, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Household Appliances</u>	

13a. FATHER'S NAME <u>Robert Thomas Boles</u>		13b. MOTHER'S MAIDEN NAME <u>Vida M. West</u>		14. NAME OF HUSBAND OR WIFE <u>Margie Boles</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>549-20-8760</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. M. Boles K. C. 3, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING, ACCIDENTAL</u> ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>LACERATIONS, SCALP</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
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19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BELTON CASS MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 3 1952 5:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>CAR OVERTURNED INTO CREEK</u>	

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 5:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner M.D.</u>		23b. ADDRESS <u>Harrisonville Mo.</u>		23c. DATE SIGNED <u>Aug. 3 1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/5/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Koshkonong Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Koshkonong, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 5, 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>K. George & Sons Belton, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

190
3

No. 300
10.48

FILED AUG 14 1952

SEP 23 1952

MAR 7 1953

RECEIVED
AUG 9 1952
CAS. COUNTY
HEALTH DEPARTMENT

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Benton, 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.

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