

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44456  
5711

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED JAN 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) <u>Kanas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kanas City</u>	
c. LENGTH OF STAY (In this place) <u>12 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1400 SALES AVENUE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital # 1</u>			

3. NAME OF DECEASED a. (First) <u>Marguerite</u> b. (Middle) <u>WATKINS</u> c. (Last) <u>Boyd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 27 - 52</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB-16 - 1860</u>	9. AGE (In years last birthday) <u>92</u>	10. F UNDER 1 YEAR <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>LAWSON MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>ADDIRAN JOHNSON WATKINS</u>	13b. MOTHER'S MAIDEN NAME <u>MARGUERITE JANE SMITH</u>	14. NAME OF HUSBAND OR WIFE <u>DAVID S. BOYD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-14-3840</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DAVID WATKINS BOYD</u>	ADDRESS <u>1400 SALES AVENUE KANSAS CITY, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure Secondary to Rheumatic Ht. Disease. Pulmonary Fibrosis.</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4 1/2</u>
	ANTECEDENT CAUSES Morbidity 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.			

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)	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 12-13, 1952, to 12-27, 1952, that I last saw the deceased alive on 12-27, 1952, and that death occurred at 2:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns, M.D.</u>	B. I. Burns (Degree or title)	23b. ADDRESS <u>24th &amp; Cherry</u>	23c. DATE SIGNED <u>12-27-52</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 29 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAWSON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LAWSON MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-29-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Elmer Thomas*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *Kansas City, 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.