

FILED MAR 10 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9728  
1174

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1082 Registrar's No. \_\_\_\_\_

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) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>23 YEARS</b>		3498	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>3123 MAIN STREET</b>	

3. NAME OF DECEASED (Type or Print) <b>BYRON B. BOONE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 23-1953</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>NOV-23-1898</b>		9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHIEF COMMERCIAL INSPECTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CITY WELFARE DEPARTMENT</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>TOPEKA, KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>GEORGE BOONE</b>		13b. MOTHER'S MAIDEN NAME <b>MYRTLE HUGHES</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. ELLA S. BOONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>		16. SOCIAL SECURITY NO. <b>495-20-3155</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ELLA S. BOONE</b> ADDRESS <b>3123 MAIN ST. KANSAS CITY, MO.</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary arteriosclerosis</b>		<b>2 yrs.</b>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **2-20**, 19**53**, to **2-23**, 19**53**, that I last saw the deceased alive on **2-23**, 19**53**, and that death occurred at **7:40 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. A. Slentz</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>315 Nichols Rd. K.C. Mo.</b>		23c. DATE SIGNED <b>2-23-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 26, 1953</b>		24c. NAME OF CEMETERY OR-CREMATORY <b>MT. HOPE CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>TOPEKA KANSAS</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.H. Newcomer's Sons</b> ADDRESS <b>1331 CROSH CREEK KANSAS CITY MO.</b>			
DATE REC'D BY LOCAL REG. <b>2-26-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1-5

**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 Robert E. Herson

Licensed Embalmer No. 4849

P. O. Address R. E. Herson

**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.