

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4737

State File No.

867

FILED MAR 15 1954

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

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) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 35 YEARS
c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 1112 WEST 75TH TERRACE
e. STREET ADDRESS (If rural, give location) 1112 WEST-75TH TERRACE

3. NAME OF DECEASED a. (First) BUELL b. (Middle) A. c. (Last) BOYCE 4. DATE OF DEATH (Month) (Day) (Year) FEB. 23 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH OCT-15-1895 9. AGE (In years last birthday) 58 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) RETIRED 21RS 10b. KIND OF BUSINESS OR INDUSTRY CITY ICE COMPANY 11. BIRTHPLACE (City and State or Foreign Country) AUD MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM QUINCY BOYCE 13b. MOTHER'S MAIDEN NAME AMANDA ROWDEN ALLIE D. BOYCE 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLDWAR I 16. SOCIAL SECURITY NO. 486-03-5733 17. INFORMANT'S SIGNATURE OR NAME ALLIE D. BOYCE ADDRESS 1112 WEST 75TH TERR. KANSAS CITY, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH Minutes
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic and Hypertensive Heart Disease DUE TO (c) Old Cerebral Thrombosis Yes

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3-13, 1953, to 2-22, 1954, that I last saw the deceased alive on 2-22, 1954, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE V.B. Ballard MD (Degree or title) 23b. ADDRESS 411 Nichols Rd Kansas City Mo 23c. DATE SIGNED 2-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE FEB. 26, 1954 24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 2-25-54 REGISTRAR'S SIGNATURE Seraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newmann's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Robert E. Henson*

Licensed Embalmer No. *484*

P. O. Address *X. E. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.