

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18804**
2358

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>14 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		3150 g	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt 1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Marion</u>		b. (Middle) <u>James</u>		c. (Last) <u>Boston</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>21</u>		(Year) <u>1954</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>1-15-1899</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Eugene Boston</u>		13b. MOTHER'S MAIDEN NAME <u>Iona Oesterhouse</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Boston</u>			
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Boston, Washington, Kansas</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Regenerative & Inflammatory lesion</u> <u>Brain Tumor</u>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <u>Localized pressure & bilateral atelectasis & localized inflammatory condition</u>					
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 <u>MAY 10, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy - Possible Brain Tumor</u>				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 <u>As Pathologist</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert K. B. Allebach, M.D.</u>				23b. ADDRESS <u>2300 Holmes, K.C. Mo</u>		23c. DATE SIGNED <u>5-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-24-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington, Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>5-25-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Fulton, Kansas City, Kansas</u>			

(Licensed Embalmer's Statement on Reverse Side)

*6-7-54
The - - - - -
Call.*

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.....
Student Embalmer

Signed *Ralph A. Fulton*

Licensed Embalmer No. *3505*

P. O. Address *H. P. Lewis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.