

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18807

State File No.

2587

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2587
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) 27 yrs		c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 1236 Denver		e. STREET ADDRESS (If rural, give location) 1236 Denver 2228		
3. NAME OF DECEASED (Type or Print) O MIE		a. (First) O MIE	b. (Middle) —	c. (Last) BOYLES
4. DATE OF DEATH (Month) (Day) (Year) June-7-1954		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Jan-2-1888
9. AGE (Type or Print) 66		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Table Operator		11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm. Boyle		
13b. MOTHER'S MAIDEN NAME Belle Dodson		14. NAME OF HUSBAND OR WIFE Viva Boyle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-05-4318		17. INFORMANT'S SIGNATURE OR NAME Viva Boyle ADDRESS 1236 Denver
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) Ch. Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Lobar pneumonia 472		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs 6 yrs 2 wks
20. AUTOPSY? YES <input 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 Mar. 18, 1954, to June 7, 1954, that I last saw the deceased alive on June 6, 1954, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Allen L. Hearst (Degree or title) MD		23b. ADDRESS 1100 Prof. Bldg		23c. DATE SIGNED 6-8-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June-9-1954		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cem.
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geraldine Smith C.H. Blackman & Son Inc. H.C. 7th		
DATE REC'D BY LOCAL REG. 6-9-54		REGISTRAR'S SIGNATURE		

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *Kansas*

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.