

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1954

State File No. **40814**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **5584**

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

3

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) Few Minutes	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Veterans Adm. Hospital		STREET ADDRESS (If rural, give location) 540 Central Street	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HARRY c. (Last) BOLTON		4. DATE OF DEATH (Month) (Day) (Year) December 3 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 1988
9. AGE (In years last birthday) 66		10. KIND OF BUSINESS OR INDUSTRY LABORER	11. BIRTHPLACE (City and State or Foreign Country) DENISON, TEXAS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME UNKNOWN BOLTON		13b. MOTHER'S MAIDEN NAME UNKNOWN	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 WORLD WARI		16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS EDITH SHERIDAN 541 MINNESOTA KANSAS CITY, MO.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown INTERVAL BETWEEN ONSET AND DEATH 795 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"/>			
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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:10 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Pres. Health Dept. City of Jackson		23b. ADDRESS 6627 West 50th	23c. DATE SIGNED 12-4-54
24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE DEC-6-1954	24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS
DATE REC'D BY LOCAL REG. 12-5-54	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. Newman's Sons 1731 BRUSH CREEK KANSAS CITY, MO.	

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.....
Mary Ward

Licensed Embalmer No. 39
P. O. Address 308 E. 6th St.
K.P.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.