

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12929

State File No.

FILED APR 20 1955

83

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>26 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		<u>3298</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wabash Employes' Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1659 Madison</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Fred</u> c. (Last) <u>BOAT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1955</u>		
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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>Aug. 29, 1879</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Warehouse Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John G. Boat</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia L. Lucking</u>		14. NAME OF HUSBAND OR WIFE <u>Mollie Boat K.C. Mo.</u>	
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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>702-05-1227</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Millie Boat K.C. Mo.</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure (Impending)</u> ANTECEDENT CAUSES DUE TO (b) <u>Ca. of the Bladder</u> DUE TO (c) <u>Severe Secondary Anemia</u> II. OTHER SIGNIFICANT CONDITIONS <u>Generalized Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2 years</u> <u>Years?</u> <u>Years?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>181X</u>			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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from Mar. 11, 1955, to Apr. 7, 1955, that I last saw the deceased alive on Apr. 7, 1955, and that death occurred at 12:25 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wright W. Anderson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>415 Woodland Avenue</u>		23c. DATE SIGNED <u>4/7/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>O. I. C.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Apr. 7-55</u>	REGISTRAR'S SIGNATURE <u>Charles L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hand & Growth</u>	ADDRESS <u>Highway 111</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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719

MAY 9 1955

MAY 8 1955

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 H. D. Grunert

Licensed Embalmer No. 3046

P. O. Address Key Trunk Co.

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.