

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15477

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1934

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. 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) 1 week d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION LITTLE SISTERS OF THE POOR		e. STREET ADDRESS (If rural, give location) 5331 HIGHLAND 37580	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES Boles b. (Middle) HICKMAN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAY 2 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED-DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-29-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY His own business	9. AGE (in years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 4 WKS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Cora Gaines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R. E. Bu'x 11225 W. 67, Shawnee Kan.
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) Broncho-pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Chr. Myocarditis rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arterio sclerosis 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 4/1, 1955, to 5/2, 1955, that I last saw the deceased alive on 4/30, 1955, and that death occurred at 5:45 Am., from the causes and on the date stated above.			
23a. SIGNATURE Joseph A. Fogarty (Death or title)		23b. ADDRESS 402 5811 Truman Blvd. Mo	23c. DATE SIGNED 5/2/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 2, 1955	24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery	24d. LOCATION (City, town, or county) (State) Bois D'Arc, Missouri
DATE REC'D BY LOCAL REG. 5-3-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Paul Amos Shawnee, Kansas	

(Licensed Embalmer's Statement on Reverse Side)

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

712-2116

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
E. Paul Amos
Licensed Embalmer No. 43

P. O. Address..Shawnee..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.