

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33109

State File No.

 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4271

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS		b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 19 days		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		M. STREET ADDRESS 217 QUINDARO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)		a. (First) SEBRON	b. (Middle)	c. (Last) BOYD	4. DATE OF DEATH (Month) (Day) (Year) September 29, 1955	
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 1, 1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Smelter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Mobile Boyd		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Cherry	
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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) Yes WWI		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo.		ADDRESS	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, post wall left ventricle		ANTECEDENT CAUSES				2 hours	
		DUE TO (b) Coronary sclerosis				several yrs	
		DUE TO (c) Myocardiosclerosis				several yrs	
II. OTHER SIGNIFICANT CONDITIONS		1. Encephalomalacia rt. temporal parietal lobes.				4201	
		2. Nephrosclerosis.				several yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) VA		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 Sept. 10, 1955, to Sept 29, 1955, ~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 4:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) GUIDO PODRECCA, M.D.		23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 9/29/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/5/55		24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
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DATE REC'D BY LOCAL REG. 10-4-55		REGISTRAR'S SIGNATURE <i>Mrs. Minnie C. E. Davis</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>1415 Truman St.</i>		ADDRESS	
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(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 *Landis H. Jackson*

Licensed Embalmer No. *411*

P. O. Address *K.C.*

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.