

No. 300  
10. 48

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5965 State File No. 37778

280

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5292 Registrar's No. 81

1. PLACE OF DEATH  
a. COUNTY **PLATTE**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MISSOURI** b. COUNTY **CLAY**

b. CITY (If outside corporate limits, write RURAL and give OR TOWN RURAL **PRESTON TWNS.** c. LENGTH OF STAY (in this place)

c. CITY OR TOWN **EDGERTON, MO. R.F.D.** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **HOME -- 4 MILES S. EDGERTON, MO.**

f. STREET ADDRESS (If rural, give location) **4 MI. South EDGERTON, MO. 60001**

3. NAME OF DECEASED  
a. (First) **JAMES** b. (Middle) **THOMAS** c. (Last) **BOYDSTON**

4. DATE OF DEATH (Month) (Day) (Year) **NOV. 7, 1955**

5. SEX **MALE** 6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **FEB. 6, 1891**

9. AGE (In years last birthday) **64** IF UNDER 1 YEAR Months **9** Days **1** IF UNDER 24 HRS. Hours **1** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **PLATTE COUNTY, MO.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **NATHANIEL BOYDSTON**

13b. MOTHER'S MAIDEN NAME **MARGARET HOOVER**

14. NAME OF HUSBAND OR WIFE **GERTRUDE TODD BOYDSTON**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **YES** (If yes, give war or dates of service) **WORLD WAR I**

16. SOCIAL SECURITY NO. **490-42-0250**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **CECIL F. BOYDSTON EDGERTON, MO. R.F.D.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **CORONARY OCCLUSION**

INTERVAL BETWEEN ONSET AND DEATH

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **4/201**

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  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APPROX, 19  , to   , 19  , that I last saw the deceased alive on   , 19  , and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE **Kolaud M. Giffee, Coroner** (Degree or title)

23b. ADDRESS **Platte City, Mo.**

23c. DATE SIGNED **11-7-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **NOV. 10, '55**

24c. NAME OF CEMETERY OR CREMATORY **RIDGELEY CEMETERY**

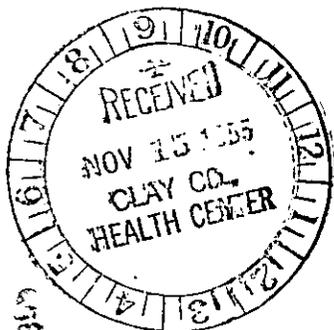
24d. LOCATION (City, town, or county) (State) **PLATTE COUNTY, MO.**

DATE REC'D BY LOCAL REG. **11/12/55**

REGISTRAR'S SIGNATURE **Alfred L. Thompson, Deputy**

25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **MCCOMAS FUNERAL HOME, SMITHVILLE, MO.**

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 *Donald W. Hauke*  
.....

Licensed Embalmer No. *44528*

P. O. Address *Smithville*

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.