

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1280

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>KANSAS CITY</b> )		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>9 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>5208 INDEPENDENCE AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5208 INDEPENDENCE AVENUE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MAMIE</b> b. (Middle) _____ c. (Last) <b>BOUGHER</b>			4. DATE OF DEATH <b>JANUARY -10-1956</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>FEB. 26, 1900</b>	9. AGE (In years last birthday) <b>55</b>	if UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NORTH EAST JR. HIGH</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CAFETERIA</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>OSGOOD, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JOHN RUSSELL</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH BURDETTE</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES P. BOUGHER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-07-8286</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ELIZABETH M. BOUGHER, 5208 INDEPENDENCE AVE</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <b>carcinoma of gall bladder</b>		155+	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <b>10-24-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>carcinoma of gall bladder</b>		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)		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 10-21, 1955, to Jan. 10, 1956, that I last saw the deceased alive on Dec. 19, 1955, and that death occurred at 6:00A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Harry C. Lapp</b>		23b. ADDRESS <b>1103 Grand</b>		23c. DATE SIGNED <b>1-13-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 11, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CAMP GROUNDS CEMETERY NEAR OSGOOD</b>	
24d. LOCATION (City, town, or county) (State) <b>MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. H. Newcomer, 1008 Kansas City, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>1-10-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. H. Newcomer, 1008 Kansas City, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, *Albert L. Savage*.....

Licensed Embalmer No. *487*.....

P. O. Address *Kenia*.....

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.