No. 300
10-48

FILED MAR 14 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

4639

State File No. 792

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

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

Robert J. Boody

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 78 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7235 Jefferson

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 92 7235 Jefferson St. 3928

**3. NAME OF DECEASED** (Type or Print)
a. (First): Joseph
b. (Middle): Edward
c. (Last): Brinsdon

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 21, 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Nov. 4, 1871
**9. AGE** (In years last birthday): 84 years — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Fire Patrol
**10b. KIND OF BUSINESS OR INDUSTRY**: K.C.Mo. Fire Patrol
**11. BIRTHPLACE** (City and State or Foreign Country): Herman, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Edward West Brinsdon
**13b. MOTHER'S MAIDEN NAME**: Mary Eva Doehler
**14. NAME OF HUSBAND OR WIFE**: Mrs Honnora Brinsdon

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 493-12-4330
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs Vaughn Moulder 7235 Jefferson

**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) Arteriosclerosis, Generalized — INTERVAL BETWEEN ONSET AND DEATH: 10 Yrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
45.00

**19a. DATE OF OPERATION**: None
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Not
**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): None m.
**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* July, 1951 *to* Feb. 21, 1956, *that I last saw the deceased alive on* Feb 17, 1956 *and that death occurred at* 4.05 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Robert J. Boody, MD
**23b. ADDRESS**: 217 Plaza Nine Bldg KC Mo
**23c. DATE SIGNED**: 2/22/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb. 24, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: St. Mary's
**24d. LOCATION** (City, town, or county) (State): K.C.Mo.

**DATE REC'D BY LOCAL REG.**: 2-22-56
**REGISTRAR'S SIGNATURE**: Neva Minshall

**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Thos. E. Quirk 4316 Troost Ave. K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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