

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13146
1566
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	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) 75 yrs.		e. STREET ADDRESS (If rural, give location) 2519 Norton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2519 Norton			

3. NAME OF DECEASED (Type or Print) Nellie			a. (First)		b. (Middle) Boro		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) April 10, 1956				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 24, 1877		9. AGE (in years last birthday) 75 78		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) at Home				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME George J. Storz		13b. MOTHER'S MAIDEN NAME Fredrica Pfaff		14. NAME OF HUSBAND OR WIFE James F. Boro			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME James F. Boro BORO		ADDRESS K.C. Mo.	

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, ashenia, 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) Cerebral Anoxia		DUE TO (b) HYPO hydrostatic pneumonia.						1 wk	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) stasis due to leg fracture						6 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 48 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) 3	
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 Aug 1, 1955, to Apr 10, 1956, that I last saw the deceased alive on Apr 10, 1956, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Herrill H. Frye (Degree or title)		23b. ADDRESS 4202 1/2 E 24th KC 27 MO		23c. DATE SIGNED Apr. 11, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-13-56		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		DATE REC'D BY LOCAL REG. 4-11-56		REGISTRAR'S SIGNATURE Neal Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE Stine & Mc Clure		ADDRESS K.C. Mo.			

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

En. Sherrill H. Faye
4202 S. 24 St.
Rm. 1-1411 office
will be in his office
till near there again
from 3 P.M. to 6 P.M.

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 *Elmer D. Tidwell*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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.