

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File **15658**

553

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY Buchanan.				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) OR TOWN St. Joseph.		c. LENGTH OF STAY (in this place) 7 yrs 5 M 29 days		c. CITY OR TOWN Independence.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2.				e. STREET ADDRESS (If rural, give location) County Home.				101		
3. NAME OF DECEASED (Type or Print) a. (First) JOE		b. (Middle) _____		c. (Last) THEO Boldt.		4. DATE OF DEATH (Month) (Day) (Year) 5-17-1956.				
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 2-3-1903.		9. AGE (In years) (last birthday) 53 if UNDER 1 YEAR: Months 3 Days 14 if UNDER 24 HRS. Hours 14 Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None.		11. BIRTHPLACE (City and State or Foreign Country) 0 Kansas City, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Unkown			13b. MOTHER'S MAIDEN NAME Unkown			14. NAME OF HUSBAND OR WIFE Unkown				
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 R.W. Pierson Jackson Co Home Independence Mo.				ADDRESS Independence 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) meninges-encephalitis				INTERVAL BETWEEN ONSET AND DEATH on admission		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Syphilis.						
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intubation				3 weeks		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ?						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)		025X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 8-18-1948 , to 5-17-1956 , that I last saw the deceased alive on 5-17-1956 , and that death occurred at 10:00 p.m. , from the causes and on the date stated above.										
23a. SIGNATURE Harriet Thomas.				(Degree or title) M.D.		23b. ADDRESS State Hospital No. 2, St. Joseph Mo.		23c. DATE SIGNED 5-17-1956.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/18/1956		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Barboursville Mo.				
DATE REC'D BY LOCAL REG. May 22, 1956		REGISTRAR'S SIGNATURE Edwin M. Allison			25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman, St. Joseph Mo.				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300

0.48

2

850

9961 9 7097

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.....
H. Eugene Wood

Licensed Embalmer No. *3800*

P. O. Address *319 S. 10th*

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.