

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37931

STATE FILE NUMBER

FILED NOV 28 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4817

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. P. Boughnour

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City, Mo.</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Lukes Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>4600 J.C. Nichols Pkwy</i>	
Length of stay in hospital <i>45 YEARS</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Mollie</i> Middle <i>S.</i> Last <i>Collett</i>		4. DATE OF DEATH Month <i>Nov.</i> Day <i>9</i> Year <i>1956</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-22-81</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) <i>house-wife - AT HOME - retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>75</i>
11. BIRTHPLACE (City and state or country) <i>St. Louis</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.-A.</i>	
13. FATHER'S NAME <i>FRANK F. SWITZER</i>		14. MOTHER'S MAIDEN NAME <i>BERTHA SHINGER</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT <i>Mrs. ROBERT M. AYRES</i>		Address <i>R.R.#9, BOX-402D SAN ANTONIO, TEXAS</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Thrombocytopenia - Terminal Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>29 1/2</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Ruptured Sigmoidum - Obstruction of Colon.</i>			
DUE TO (c) <i>Psychoneurosis</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Operated for obstruction.</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Aug. 18-56</i> to <i>Nov. 9-56</i> and last saw her alive on <i>11/7/56</i> . <input checked="" type="checkbox"/> Death occurred at <i>1:15</i> <i>A.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H. P. Boughnour M.D.</i>		22b. ADDRESS <i>K.C. Mo.</i>	
		22c. DATE SIGNED <i>11/9/56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>CREMATION</i>		23b. DATE <i>Nov. 10, 1956</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>D.W. NEWCOMER'S SONS</i>		23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY MISSOURI</i>	
24. FUNERAL DIRECTOR ADDRESS <i>D.W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO.</i>		25. DATE RECD. BY LOCAL REG. <i>11-10-56</i>	
		26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>	

JUL 17 1954

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John ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Basil V. Honey*.....

Licensed Embalmer No. *47*.....

P. O. Address *K.C., Mo.*.....

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