

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16948

STATE FILE NUMBER

FILED MAY 21 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2122

Health,
& Welfare
Public
Service

S. 300
7. 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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Ira C. Layton.

| | | | | | | | | |
|---|----------------------------------|---|---|--|---|--|--|--|
| 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, give TOWNSHIP only) OR TOWN Kansas City | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Lee's Summit | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital | | | | Length of stay in 1b 15 days | | d. STREET (If outside, give location) ADDRESS 4 Mi. N. Lee's Summit | | |
| 3. NAME OF DECEASED (Type or print) | | First Benjamin | | Middle Burnit | | Last Bockting | | |
| 4. DATE OF DEATH | | Month May | | Day 3, | | Year 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH March 11, 1881 | | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman | | | 10b. KIND OF BUSINESS OR INDUSTRY Steel Ind. | | 11. BIRTHPLACE (City and state or country) W. Morrisons, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Frank Bockting | | | | 14. MOTHER'S MAIDEN NAME Mary Boss | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. 487-03-8416A | | 17. INFORMANT Address Gertrude Bockting, RR 1, Lee's Summit, Mo. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | DUE TO (c) | | 19. WAS AUTOPSY PERFORMED? YES NO <input type="checkbox"/> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES 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 Month, Day, Year a. m. p. m. | | | 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 May 1, 1950 to May 3, 1957 and last saw her/him alive on May 3, 1957 . Death occurred at 1:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <i>Ira C. Layton</i> (Signature or title) | | | | 22b. ADDRESS Areyle Bldg K.C. Mo | | 22c. DATE SIGNED 5.4.57 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 6, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery | | 23d. LOCATION (City, town, of county) (State) Lee's Summit, Missouri | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home, Lee's Summit | | | 25. DATE RECD. BY LOCAL REG. 5-6-57 | | 26. REGISTRAR'S SIGNATURE <i>neva minichell</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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Apr 4 1957

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APR 21 1957



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 *N. B. Langford*.....
Licensed Embalmer No. *796*
P. O. Address *Lee's Summit*

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.