

FILED DEC 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
40219
380
5380

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5380

S. 300
v. 1-57

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 Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2112 Askew		Length of stay in lb five years	d. STREET ADDRESS (If outside, give location) 2112 Askew Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Newton Middle E. Last Boyd			4. DATE OF DEATH Month 11 - Day 13 Year 1957		
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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 3-30-1906	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Conway Iowa	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Alfred Boyd	13b. MOTHER'S MAIDEN NAME Adeline Crull	14. NAME OF HUSBAND OR WIFE Katie Boyd
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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. 480-20-1623	17. INFORMANT Katie Boyd Address 2112 Askew Kansas City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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 _____
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21. I attended the deceased from **1955** to **November 13, 1957** and last saw him alive on **Nov. 11th, 1957**
Death occurred at **7p. m** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. J. Carver	22b. ADDRESS 9900 E. 23rd. St. Independence	22c. DATE SIGNED 11-14-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-14-57	23c. NAME OF CEMETERY OR CREMATORY Bedford	23d. LOCATION (City, town, or county) (State) Iowa
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24. FUNERAL DIRECTOR Shell Funeral Home Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 11-14-57	26. REGISTRAR'S SIGNATURE neva missall
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

J. F. Carver

Jackson Missouri
 Kansas City
 SLS Askew
 five years
 E. Boyd
 3-30-1906
 Conway Iowa
 Katie Boyd
 Alfred Boyd
 Labor
 "White"
 Newton
 Kansas City
 Jackson

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 Signed *Richard C. Caswell*
 Signature of Student Embalmer
 Licensed Embalmer No. *4829*
 P. O. Address *Ke Mo*

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.