

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014081

STATE FILE NUMBER  
1664

FILED APR 22 1958

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

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City Mo</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>1014 E 9th St.</i>		Length of stay in lb <i>22 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>1014 E. 9th St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>John Wesley</i> Middle <i>Boolin</i> Last <i>Boolin</i>			4. DATE OF DEATH Month <i>3</i> Day <i>30</i> Year <i>1958</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-12-1877</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Laborer</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	9c. AGE (In years last birthday) <i>81</i> IF UNDER 1 YEAR: Months <i>-</i> Days <i>-</i> IF UNDER 24 HRS.: Hours <i>-</i> Min. <i>-</i>
10a. FATHER'S NAME <i>Reynolds Boolin</i>		10b. MOTHER'S MAIDEN NAME <i>unknown</i>	10c. NAME OF HUSBAND OR WIFE <i>Etta Mae Boolin</i>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		12. SOCIAL SECURITY NO. <i>496-09-4752</i>	13. INFORMANT <i>Etta Mae Boolin</i> Address <i>1014 E 9th Street</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>Generalized carcinoma</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Primary site unknown</i> DUE TO (c) <i>1992</i>			INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NO <input checked="" 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. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Geo C Kealhofer, M.D. Deputy Commissioner of Health</i>		22b. ADDRESS <i>Pratt St 500</i>	
22c. DATE SIGNED <i>3-31-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>4-1-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Green Lawn</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo</i>
24. FUNERAL DIRECTOR <i>Francis Wernall Funeral Home</i>		ADDRESS <i>K.C. Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>3-31-58</i>
		26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>	

All diseases in Part I must be causally related.

Geo. C. Kealhofer, M.D. Deputy Commissioner of Health

MEDICAL CERTIFICATION

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

*Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address

*K C Me*

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.