

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-034026

State File No.

FILED SEP 22 1958

BIRTH NO. _____		REG. DIST. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8474	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Claytonis 4420		d. STREET ADDRESS (If rural, give location) 8161 Kingsbury Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 32 St. Luke's Hospital				d. STREET ADDRESS 87 8161 Kingsbury Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) HELEN		b. (Middle) KRISTINE		c. (Last) BOYE		4. DATE OF DEATH (Month) (Day) (Year) Sept. 1-1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 11, 1895		9. AGE (in years last birthday) 63 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Kansas City, Kansas /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Jackson			13b. MOTHER'S MAIDEN NAME Anna Mikkelsen			14. NAME OF HUSBAND OR WIFE Erik Boye	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Erik Boye, 8161 Kingsbury Avenue			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 154X				INTERVAL BETWEEN ONSET AND DEATH 6 mo	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases to liver, lung, brain					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Abdominal perineal op. St Luke's Hospital 4/29/58				20. AUTOPSY? 2 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 November 57 , 19 9-1-58 , to 9-1-58 , 19 9-1-58 , that I last saw the deceased alive on 9-1-58 , 19 9-1-58 , and that death occurred at 3:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Charles N. Duden M.D. (Degree or title)				23b. ADDRESS 3720 Washington Ave.		23c. DATE SIGNED 9-7-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9-3-58		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. SEP 2 58		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons-7233 Delmar			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Duden
3720 Washington
Jefferson 3-4511
Hours: until 12:30 A.M.

OK

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.

Signed _____
Student Embalmer

Signed Arnold W. Schoene
Licensed Embalmer No. 3864

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.