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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001209
STATE FILE NUMBER 385

FILED FEB 5 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HYGEIA CLINIC 3353 E. 27th St. — Length of stay in Hospital 15 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3353 EAST 27th ST. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GEORGE Middle Last BOVETT
4. DATE OF DEATH Month JAN. Day 20 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH DEC. 7, 1907
9. AGE (In years last birthday) 51 — 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) CLINIC PHYSICIAN
10b. KIND OF BUSINESS OR INDUSTRY Osteopathic
11. BIRTHPLACE (City and state or country) PASADENA, CALIFORNIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME ~~UNKNOWN~~ Lydia —
14. NAME OF HUSBAND OR WIFE MILDRED BOVETT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 561-22-0548
17. INFORMANT MRS. MILDRED BOVETT, Address 3353 E. 27th K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH 4 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — Unknown
DUE TO (c) Arteriosclerosis 4 yr. — "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None known.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☒ HOMICIDE ☒
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 ☐ NOT WHILE AT WORK ☐
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 July 15 1952 to Jan. 20 1959 and last saw ~~her~~ him alive on Jan 20 1959
Death occurred at 4:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. N. Clarke D.O.
22b. ADDRESS 3353 E. 27th St.
22c. DATE SIGNED Jan. 21, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN. 22 1959
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY
23d. LOCATION (City, town, or county) KANSAS City (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 1331 BRUSH CREEK KANSAS City, Mo.
25. DATE RECD. BY LOCAL REG. 1-21-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. N. Clarke

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

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.