

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021223

FILED JUN 24 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2754 Registrar's No.

100
-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) Kansas City		c. CITY OR TOWN Blue Springs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hosp.		Length of stay in lb 8 hours	
		d. STREET ADDRESS (If outside, give location) Rural Route # 1	
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) INFANT ROBERT IRA BOYLE			4. DATE OF DEATH Month Day Year June 4, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1959	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months Days 0	IF UNDER 24 HRS Hours Min. 20
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert James Boyle	13b. MOTHER'S MAIDEN NAME Doris M. Rhea	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT Address Robert James Boyle, Rt. # 1, Blue Springs, 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) Depression of Cardiac & Respiratory Centers DUE TO (b) Immaturity (6 Mo Fetus) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 8 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7735		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> 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.)
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20c. TIME OF INJURY Hour o.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 June 4 '59 to June 4 '59 and last saw him alive on June 4 1959 Death occurred at 7 PM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE James H. Via, DO	(Degree or title)	22b. ADDRESS Blue Springs, Mo	22c. DATE SIGNED 6-5-59
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23a. BURIAL, CREMATION, REBURIAL (Specify) Burial	23b. DATE 6-6-59	23c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery	23d. LOCATION (City, town, or county) (State) Jackson County, Missouri
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24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-5-59	26. REGISTRAR'S SIGNATURE Alva Minshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
James H. Via

All diseases in Part I must be causally related.

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Dean W. Huff
Licensed Embalmer No. 4914
P. O. Address Indy, 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.