

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021804  
STATE FILE NUMBER

FILED JUN 23 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 276

300  
1-57

|   |                                  |   |  |   |   |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Independence</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Blue Springs</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Independence San. &amp; Hospital</b>  |                                  | Length of stay in lb <b>2 Days</b>  | d. STREET ADDRESS (If outside, give location) <b>7000 R.F.D Strode Rd</b>  |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Paul</b> Middle <b>Doak</b> Last <b>Boman</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>15</b> Year <b>1959</b>   |   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Jan-27-1901</b>   | 9. AGE (In years and birthday)<br><b>58</b>                             | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Lake City Arsenal</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>&amp; Farmer</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Norborn Mo</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>W.S. Boman</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Bowman</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Edith Boman</b>                       |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>490-09-0914</b>   | 17. INFORMANT<br>Address <b>Edith Boman, R #1 Blue Springs Mo</b>  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Liver failure</b>   |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 wk.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Lymphosarcoma</b>  |                                  |   |  |   | <b>9 y +</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)   |                                  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" 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.)<br><b>2001</b>                          |   |   |
| 20c. TIME OF INJURY<br>Hour <b>10:15</b> Month, Day, Year <b>6-15-59</b><br>a.m. <b>P.</b> p.m.   |                                  |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <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.)<br><b>12-3-56</b>  | 20f. CITY, TOWN, OR LOCATION<br><b>Blue Springs Mo</b>   |   | STATE<br><b>Mo</b>  |
| 21. I attended the deceased from Death occurred at <b>10:15 P.</b> to <b>6-15-59</b> and last saw <sup>her</sup> him alive on <b>6-15-59</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |
| 22a. SIGNATURE<br><b>Messill R. Bay M.D.</b> (Degree or title)  |                                  | 22b. ADDRESS<br><b>Blue Springs Mo</b>  | 22c. DATE SIGNED<br><b>6/16/59</b>   |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>June 18 1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Blue Springs Cem</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Blue Springs Mo</b> |   |
| 24. FUNERAL DIRECTOR<br><b>Webb Funeral Home</b> ADDRESS <b>Blue Springs Mo</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>6-18-59</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>James Craig</b>                         |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 29 1959

6961 6 2 NQR

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 ..... *William Freed* .....

Licensed Embalmer No. *4733* .....

P. O. Address *Bliss Springs, 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.