

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023065

FILED VS JUN 3 0 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3086 STATE FILE NUMBER

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) OR TOWN Kansas City		Length of stay in 1b 20 years	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4040 Wabash Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MR. JACOB Middle LEROY Last BOSWELL			4. DATE OF DEATH Month June Day 6 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-2-1888	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer - retired	10b. KIND OF BUSINESS OR INDUSTRY Sweet Springs, Mo.	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME F.M. Boswell	13b. MOTHER'S MAIDEN NAME Mary Alice Ferguson	14. NAME OF HUSBAND OR WIFE Freida Boswell
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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) yes WW # 1	16. SOCIAL SECURITY NO. 497-14-1243a	17. INFORMANT W.E. Boswell	Address 4040 Wabash
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) terminal broncho pneumonia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) acute & chronic bilateral pyelonephritis with septicemia	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? 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 _____ a.m. _____ p.m. _____	Month, Day, Year 6-6-60
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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 Sweet Springs, Missouri	COUNTY Jackson	STATE Missouri
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21. I attended the deceased from **6-6-60** to **6-6-60** and last saw her/him alive on **6-6-60**.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H.L. Dwyer</i> (Degree or title)	22b. ADDRESS 2400 Cherry	22c. DATE SIGNED 6-9-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-9-60	23c. NAME OF CEMETERY OR CREMATORY Fairview, Cemetery	23d. LOCATION (City, town, or county) (State) Sweet Springs, Missouri
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24. FUNERAL DIRECTOR Hellody-McGilley-Eyler Funeral Home 1800 E. Linwood Blvd.	25. DATE RECD. BY LOCAL REG. 6-9-60	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Del E.
Gen. Acy

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Hackler

Licensed Embalmer No. 4573

P. O. Address H.C. 4th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.