

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026738  
STATE FILE NUMBER

Registration District No. 749 Primary Registration District No. 1002 Registrar No. 3578

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in lb <u>50 yrs.</u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1708 Liberty St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>MRS. STELLA</u>		Middle <u>MAE</u>		Last <u>BOYLE</u>		Month <u>July</u> Day <u>9</u> Year <u>1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-11-1894</u>	9. AGE (last Birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Benton, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Henry Hinkle</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Martin Boyle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-10-7834 D</u>		17. INFORMANT <u>Mrs. Lucile Kemery 3729 Balitmore</u>			
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) <u>Superior Mesenteric Artery Thrombosis</u>						<u>18 hrs.</u>	
DUE TO (b) <u>Recurrent Carcinoid Tumor</u>						<u>8 yrs.</u>	
DUE TO (c) <u>Carcinoid of small bowel</u>						<u>10 yrs.</u>	
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	
19. WAS AUTOPSY PERFORMED? 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.)			
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	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		
21. I attended the deceased from <u>1959</u> to <u>June 9, 1960</u> and last saw her <u>with</u> alive on <u>June 9, 1960</u> Death occurred at <u>6:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>E. L. Slentz M.D.</u>				22b. ADDRESS <u>4620 Nichols Pkwy, Kny City</u>		22c. DATE SIGNED <u>7/11/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-12-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>			
24. FUNERAL DIRECTOR <u>Melloy McGilley-Eylar Funeral Home</u> <u>1800 E. Linwood Blvd.</u>			25. DATE RECD. BY LOCAL REG. <u>7-11-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minchall</u>		

DOCUMENT

MEDICAL CERTIFICATION  
E. L. Slentz

BY AFFIDAVIT OF

No. Edwa  
4520-1/ie

LD 1-35

Mem. 9  
-will

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by Lloyd F. Dieckman, Student Embalmer No. 60

working under my personal supervision.

Student Lloyd F. Dieckman Signed James E. Hoick  
Signature of Student Embalmer

Licensed Embalmer No. 457

P. O. Address K. C., Mo.

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