

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 30 1960

-60-030937

INDEXED

Registration District No. 146 Primary Registration District No. 5-5-69 Registrar's No. 402 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JACKSON (Brookings)</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>5 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>11016 E 50 TERR.</u>		d. STREET ADDRESS (if outside, give location) <u>11016 E 50 TERR.</u>	
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) First Middle Last <u>MARY Elizabeth BOAK</u>			4. DATE OF DEATH Month Day Year <u>Aug 19 1960</u>		
5. SEX <u>FEMALE</u>	6. COLOR OF RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-24-1929</u>	9. AGE (last birthday) <u>33</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Give retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
<u>Housewife</u>				<u>KANSAS CITY, Mo.</u>	<u>U. S. A.</u>
13a. FATHER'S NAME <u>Andrew F. Chancellor</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA F. Rush</u>		14. NAME OF HUSBAND OR WIFE <u>DONALD A. BOAK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Randall A. Boak</u> Address <u>11016 E 50th K.C. Mo.</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>Pulmonary Edema</u>			<u>41 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinomatosis</u>		<u>6 mos.</u>
	DUE TO (c) <u>Adenocarcinoma of ovary</u>		<u>3 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.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

21. I attended the deceased from April 1957 to Aug. 19, 1960 and last saw her alive on Aug. 19, 1960
 Death occurred at 4:05 P. m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) <u>J. M. Mauldin, D.O.</u>		22b. ADDRESS <u>12007 E. 47th K.C. Mo</u>		22c. DATE SIGNED <u>8-21-60</u>
22. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>	<u>Aug. 22, 1960</u>	<u>BROOKING CEM.</u>	<u>RAYTOWN Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Kepley-Hinton Raytown, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-22-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

John R. D.

Licensed Embalmer No. 45
P.O. Address Kansas

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.