

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013635

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1870

AMENDED

FILED MAY 8 1961

1. PLACE OF DEATH a. COUNTY <u>JACKSON</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, Mo.</u>		Length of stay in lb <u>24 mo.</u>	c. CITY OR TOWN <u>KANSAS CITY</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>ST Lukes Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>114 W. POCALONTAS</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First: <u>ROBERT</u> Middle: <u>LEE</u> Last: <u>BOSWELL</u>			4. DATE OF DEATH Month <u>4</u> Day <u>15</u> Year <u>61</u>			
5. SEX <u>Male</u>	6. COLOR OR 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>3-26-98</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Funeral Director</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Marshalltown Iowa U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John M. Boswell</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Eldier</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie E. Boswell</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No.

17. INFORMANT Nellie E. Boswell 114 W. Pocahontas KC, Mo. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Arrest (Ventricular tachycardia) Sudden INTERNAL BETWEEN ONSET AND DEATH
DUE TO (b) Coronary Sclerosis 10 years.
DUE TO (c) Arteriosclerosis, generalized 10 years.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Obesity, Myocardial Dysfunction - 1950.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 1952 to 4-15-61 and last saw her alive on 4-14-61.
Death occurred at 7:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. Byers (Degree or title) M.D.

22b. ADDRESS 4635 Wyandotte, R.C. 12, Mo

22c. DATE SIGNED 4/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4-18-61

23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery

23d. LOCATION (City, town, or county) Kansas City, Mo. (Style)

24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo. ADDRESS _____

25. DATE RECD. BY LOCAL REG. 4-17-61

26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address K.C. 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.