SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=021180
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2907

FILED JUN 28 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 26 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KCTB Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 815 E 48th ST. (If outside, give location) — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First MILLICENT Middle — Last BOYLE
4. DATE OF DEATH: Month JUNE Day 10 Year 1961
5. SEX: FEMALE
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☒
8. DATE OF BIRTH: 7-19-1895
9. AGE (last birthday): 65 — 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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: Jackson County Supervisor Welfare
11. BIRTHPLACE (City and state or country): CHICAGO, ILL
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JAMES TURNOCK
13b. MOTHER'S MAIDEN NAME: MARY DAWSON
14. NAME OF HUSBAND OR WIFE: ~~Harold A. Boyle~~
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --
17. INFORMANT: RICHARD T. BOYLE Address: CINCINNATI, OHIO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma, Metastatic
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ 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 a.m. p.m. 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 JAN-9-1961, to JUNE 10-1961 and last saw her/him alive on 6-10-61
Death occurred at 12:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward P. Altmann M.D.
22b. ADDRESS KCTB HOSPITAL
22c. DATE SIGNED 6-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE JUNE 12, '61
23c. NAME OF CEMETERY OR CREMATORY D.W.Newcomer'sSons
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR D.W.Newcomer'sSons ADDRESS 1331 Brush Creek Blvd. Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 6-12-61
26. REGISTRAR'S SIGNATURE Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Informant DOCUMENT

Edward P. Altmann MEDICAL CERTIFICATION

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
7	Divorced	Widowed	6-13-61
14	Blank	Harold A. Boyle	6-13-61

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 Marvin D. Preston

Licensed Embalmer No. 5040

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.