ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3888 STATE FILE NUMBER 61-029123

AMENDED

FILED AUG 25 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: 64 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPH'S HOSP — 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 1802 CYPRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: GUY Middle: Last: BOCHIERE
4. DATE OF DEATH Month 8 Day 5 Year 61
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH NOV 2 1896
9. AGE (last birthday) 64 — 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) CLERK
10b. KIND OF BUSINESS OR INDUSTRY CIGAR STORE
11. BIRTHPLACE (City and state or country) K.C. MO
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN BOCHIERE
13b. MOTHER'S MAIDEN NAME GIOVANNINA BELLASSIE
14. NAME OF HUSBAND OR WIFE ROSETTA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT ROSETTA BOCHIERE Address SAME

MEDICAL CERTIFICATION

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)	~~Ruptured~~ 2nd Cardiac Failure	12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Ruptured Gastric Ulcer	12 Hrs
DUE TO (c)	Cataract operation right eye	3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cataract operation 3 days ago

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 9-10-51 to 8-5-61 and last saw him alive on 8-4-61
Death occurred at St Joseph's Hosp 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thos. C. Mc Hale (Degree or title) M.D.
22b. ADDRESS 4601 Indep. Ave.
22c. DATE SIGNED 8-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-7-61
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM
23d. LOCATION (City, town, or county) (State) K.C. MO.
24. FUNERAL DIRECTOR SEBBETO'S ADDRESS K.C. MO.
25. DATE RECD. BY LOCAL REG. 8-5-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Thos. C. Mc Hale

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

DOCUMENT

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_____ Signed Forrest D. [illegible]
Signature of Student Embalmer

Licensed Embalmer No. 4714

P. O. Address [illegible]

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.