

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021973

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 788

FILED JUL 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117
20830

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123-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF *C. L. DeHart, M.D.*

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 9 Hr.	c. CITY OR TOWN Camden Point
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural
3. NAME OF DECEASED (Type or print) First Jenifer Middle Annette Last Boydston		4. DATE OF DEATH Month July Day 3 Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-2-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) xx		10b. KIND OF BUSINESS OR INDUSTRY xx	9. AGE (last birthday) —
13a. FATHER'S NAME Kenneth W. Boydston		13b. MOTHER'S MAIDEN NAME Wilma Lee Hook	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) xx		16. SOCIAL SECURITY NO. none	12. CITIZEN OF WHAT COUNTRY USA
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity (2 lbs)		14. NAME OF HUSBAND OR WIFE xx	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
DUE TO (b)		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	
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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 — Month — Day — Year — a.m. — p.m. —	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Camden Point
21. I attended the deceased from 7-2-62 to 7-3-62 and last saw her/him alive on 7-3-62		22c. DATE SIGNED 7-7-62	
22a. SIGNATURE (Degree or title) <i>C. L. DeHart, M.D.</i>		22b. ADDRESS <i>St. Joseph, Mo</i>	22d. LOCATION (City, town, or county) (State) Camden Point, Missouri
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 3, 1962	23c. NAME OF CEMETERY OR CREMATORY Camden Point Cem.	23d. LOCATION (City, town, or county) (State) Camden Point, Missouri
24. FUNERAL DIRECTOR Vaughn-Aufranc	ADDRESS Dearbonn, Missouri	25. DATE RECD. BY LOCAL REG. July 9, 1962	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Handell</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.