MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-022875

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3353

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

JUL 16 1962

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: 5 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson

c. CITY OR TOWN Independence — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 3410 Cedar — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Norman Olin Middle: Last: Boman

4. DATE OF DEATH Month 6 Day 25 Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 7-20-1898

9. AGE (last birthday) 63

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) Cab Driver

10b. KIND OF BUSINESS OR INDUSTRY Cab Co.

11. BIRTHPLACE (City and state or country) McLouth, Kansas

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME E. S. Boman

13b. MOTHER'S MAIDEN NAME Ida E. Jones

14. NAME OF HUSBAND OR WIFE Maxine C. Boman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. [redacted]2

17. INFORMANT Maxine C. Boman Address Home

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

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

DUE TO (b)

DUE TO (c) Chronic Myelogenous leukemia — 3 years

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 ~~Oct 59~~ Apr 58, to 25 June 62 and last saw ~~her~~ him alive on 25 June 62

Death occurred at 1 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jack M. Davis MD — 22b. ADDRESS Raytown Mo — 22c. DATE SIGNED 26 June 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 6-27-1962 — 23c. NAME OF CEMETERY OR CREMATORY Memorial Park — 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar — ADDRESS Main — 25. DATE RECD. BY LOCAL REG. 6-26-62 — 26. REGISTRAR'S SIGNATURE Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION — Jack M. Davis MD

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	7005		
3			
4	0		
5	1		
6			
7	1		
8	2		
9	204.1		
10			
11			
12	50-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Jack Davis
9406 E. 63rd
Noon to 5PM

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 Lloyd J. Duckmon

Licensed Embalmer No. 5120

P. O. Address K C 11, 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.