

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036082
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	1	DATE AMENDED
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BY AFFIDAVIT OF **George K. Boyd** MEDICAL CERTIFICATION

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4509

FILED SEP 18 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>20 years</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 Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>105 Ward Parkway</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>O.</u> Last <u>Dehoney</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>11,</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 21, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vice Pres. - Ashcraft, Inc.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Printing</u>	9. AGE (last birthday) <u>73</u>
13a. FATHER'S NAME <u>Howard Dehoney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Alice Anderson</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Kathleen Jones, 1504 Drury Lane, Oklahoma City, Okla.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrhythmia</u> DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) <u>Aortic Stenosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u> <u>1 year</u> <u>10 years</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <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 <u>12:45 P.M.</u> Month, Day, Year <u>July 31 1963</u>		20f. CITY, TOWN, OR LOCATION <u>Oklahoma City, Oklahoma</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>July 31 1963</u> to <u>Aug 11-63</u> and last saw ^{her} him alive on <u>Aug 11 1963</u> Death occurred at <u>12:45 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George K. Boyd, M.D.</u>		22b. ADDRESS <u>5111 Independence Ave</u>	
22c. DATE SIGNED <u>8-12-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8-14-63</u>	
24. FUNERAL DIRECTOR <u>Stine & McClure, Kansas City, Mo.</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	
25. DATE RECD. BY LOCAL REG. <u>8-13-63</u>		23d. LOCATION (City, town, or county) (State) <u>Oklahoma City, Oklahoma</u>	
26. REGISTRAR'S SIGNATURE <u>Breth Long</u>			

USE BLACK INK OR TYPEWRITER RIBBON

Mr. B.K. Broyer
5111 S. Grand Blvd.
Be 1-7943
M 8-7305
10:30-4 p.m.

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 Richard L. Powers

Licensed Embalmer No. 5190

P. O. Address Kansas City, 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.