

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036274

STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 149 Primary Registration District No. 002 Registrar's No. 1722

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Ira William Boone HOSPITAL OR INSTITUTION 2800 E. 10th St.				d. STREET ADDRESS (If outside, give location) 1030 Washington Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Ira Middle William Last Boone				4. DATE OF DEATH Month Oct. Day 7 Year 1958			
5. SEX Male		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 Apr. 23, 1872	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY Lafayette Co., Mo.			
11. BIRTHPLACE (City and state or country) Lafayette Co., Mo.				12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME George M. Boone				14. MOTHER'S MAIDEN NAME Sally Boone			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. none		17. INFORMANT Fletcher Boone, 1030 Washington, Kansas City, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4500							
INTERVAL BETWEEN ONSET AND DEATH 4 years 4 years							
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 10 a. m. 00 p. m.				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.)				20f. CITY, TOWN, OR LOCATION Odessa, Mo.			
20g. COUNTY				20h. STATE			
21. I attended the deceased from 7-1-58 to 10-7-58 and last saw her alive on 10-7-58 Death occurred at 6 am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank Paul Laurensana (Degree or title) D				22b. ADDRESS 428 S White Ave			
22c. DATE SIGNED 10-7-58							
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal				23b. DATE Oct. 7, 1958			
23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State) Odessa, Mo.			
24. FUNERAL DIRECTOR Husman-Sparks ADDRESS Odessa, Mo.				25. DATE RECD. BY LOCAL REG. 10-7-58			
26. REGISTRAR'S SIGNATURE neva minshall							

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Frank Paul Laurensana

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....
Licensed Embalmer No. 75

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.