

FILED MAR 10 1951 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 5003

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 27

0480

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Prairie</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>91st + Holmes</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson Co. Emerg. Hosp</b>			

3. NAME OF DECEASED a. (First) <b>Ernest</b> b. (Middle) <b>Boone</b> c. (Last) <b>Boone</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-1-51</b>	
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Sept 13-1875</b>		9. AGE (In years last birthday) Months Days <b>75 5 16</b>		10. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>			11. BIRTHPLACE (State or foreign country) <b>Jackson Co Mo</b>			12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>Morgan Boone</b>			13b. MOTHER'S MAIDEN NAME <b>Louisa David</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Verty Boone</b>		ADDRESS <b>91st + Holmes</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary a. sclerosis</b>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>congestive H. failure</b>						<b>3 weeks</b>	
		DUE TO (c)						<b>4201</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **2-27-1951**, to **3-1-1951**; that I last saw the deceased alive on **3-1-1951**, and that death occurred at **9:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John C. Zimmerman MD.</b>		(Degree or title)		23b. ADDRESS <b>Independence Mo 24th + 15th</b>		23c. DATE SIGNED <b>3-2-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-2-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, MO</b>	
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DATE REC'D BY LOCAL REG. <b>3-2-51</b>		REGISTRAR'S SIGNATURE <b>Donald C. Emshoff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>France-Wornall Funeral Home</b>		ADDRESS	
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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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....  
*Russell N. Francis*

Licensed Embalmer No. 4255

P. O. Address H. C. Mc

**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 this body is not embalmed, fact should be so stated above.

REC'D  
MAR 8 1900