

JAN 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

221

State File No.

BIRTH NO. 74581-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Sedgwick	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) Wichita	
c. LENGTH OF STAY (In this place) 52 days		d. STREET ADDRESS (If rural, give location) 5424 E. 3rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Joseph c. (Last) Boucher II			4. DATE OF DEATH (Month) (Day) (Year) January 2, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH November 11, 1951	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Thomas J. Boucher	13b. MOTHER'S MAIDEN NAME Ann Woodside	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mr. Thomas Boucher	ADDRESS 5424 E. 3rd, Wichita, Kans.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 52 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adrenal Insufficiency		
	ANTECEDENT CAUSES DUE TO (b) Prematurity <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 795X	20. AUTOPSY? YES <input checked="" 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 11/11, 1951, to 1/2, 1952, that I last saw the deceased alive on 1/2, 1952, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Charles D. Merlin	(Degree or Title) M.D.	23b. ADDRESS 906 Edward St., St. Joseph, Mo.	23c. DATE SIGNED 1/2/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1/2/1952	24c. NAME OF CEMETERY OR CREMATORY Liberty	24d. LOCATION (City, town, or county) (State) Missouri
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DATE REC'D BY LOCAL REG. Jan 3, 1952	REGISTRAR'S SIGNATURE Carl C. Cash	446	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman	ADDRESS Funeral Home - St Joseph Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0117

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *William Spalding*.....

Licensed Embalmer No. *4535*.....

P. O. Address *319 S. 10th St. St. Joseph, 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 this body is not embalmed, fact should be so stated above.