

S. No. 307 FEB 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5119

State File No.

REV. 10-48

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 36

01910

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARRISONVILLE</u>		c. LENGTH OF STAY (in this place) <u>1 hr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill, Mo.</u>	
		d. STREET ADDRESS (If rural, give location) <u>500 N. Independence</u>	

3. NAME OF DECEASED (Type or Print) <u>FRANKLIN LEVI VAN BOSKIRK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>June 21-1870</u>		9. AGE (In years last birthday) <u>82 1/2</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Judge</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>J. Van Boskirk</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Henn</u>	
14. NAME OF HUSBAND OR WIFE <u>Ellen Van Boskirk</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>		16. SOCIAL SECURITY NO. <u>493-22-6535</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Maxford Herrow</u>		ADDRESS <u>Pleasant Hill</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute influenza - 1 mo ago</u>				<u>10 hr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

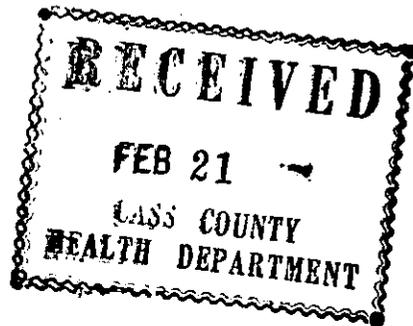
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 1946 to 2-18, 1953, that I last saw the deceased alive on 2-18-53, and that death occurred at 12:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Ellend, MD</u>		23b. ADDRESS <u>Pleasant Hill Mo</u>		23c. DATE SIGNED <u>2-19-53</u>	
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25. DATE <u>Feb 21-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb 19-1953</u>		REGISTRAR'S SIGNATURE <u>457-9</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Rehmburgers</u>	
				ADDRESS <u>Harrisonville Mo</u>	



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
Student Embalmer

Signed

James R. Phillip's

Licensed Embalmer No. *4641*

P. O. Address *Harrisonville, 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.