

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

520

State File No. _____

No. 300
10-48

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 56

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creighton-Rural-Sherman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 King Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles west Creighton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Boyles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>14</u> <u>54</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 27-1890</u>		9. AGE (In years last birthday) <u>63</u>		10. F UNDER 1 YEAR Months _____ Days _____		11. F UNDER 15 Hrs. Hours _____ Mts. _____	
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10a. USUAL OCCUPATION (Give kind of work done during night of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Creighton Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>William H. Cox</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Richardson</u>			14. NAME OF HUSBAND OR WIFE <u>Marion D. Boyles</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Marion D. Boyles</u> ADDRESS <u>Creighton, Missouri</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA UTERUS</u>						<u>2 1/2</u>	
		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.							

19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>174X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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? <u>✓</u>	
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22. I hereby certify that I attended the deceased from 1850 to JAN 14, 1954, that I last saw the deceased alive on JAN 14, 1954, and that death occurred at 12:30 P m., from the causes and on the date stated above.

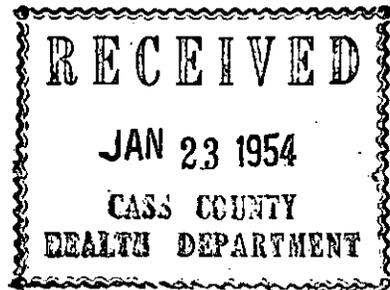
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>Harrisonville mo</u>			23c. DATE SIGNED <u>16 Jan 1954</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 16, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bylor Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Creighton, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 16, 1954</u>		REGISTRAR'S SIGNATURE <u>Nora Barman</u>		55. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson & Dickey</u>		ADDRESS <u>Cardon City, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0191



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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.