

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11512

State File No. \_\_\_\_\_

1711

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MRS. THOMAS, Acting Coroner

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS CITY NORTH</u> ) c. LENGTH OF STAY (In this place) <u>23 YRS.</u>		c. CITY OR TOWN <u>KANSAS CITY, NORTH</u> d. Is Resident within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>71 HiWAY BY WATERWORKS</u>		e. STREET ADDRESS (If rural, give location) <u>500 E. BARNES AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Boydston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 14, 1954</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>Aug. 31, 1897</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Edgerton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>C.C. Malcolm</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Arnold</u>	14. NAME OF HUSBAND OR WIFE <u>Howard C Boydston</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-24-0890</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H.C. Boydston</u>	ADDRESS <u>500 E. Barnes</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>Call 120</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>71 Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Clay Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>4-14-54 4:55 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car accident Car ran into gravel truck</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>O.S. Pate, M.D.</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>North Kansas City, Mo</u>	23c. DATE SIGNED <u>4-15-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-16-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>	ADDRESS <u>N.K.C. Mo.</u>
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John Kalisek*

Licensed Embalmer No. 49

P. O. Address N.K.C.

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.