

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1079  
293  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY OR TOWN Kansas City  
c. LENGTH OF STAY 3 months  
d. FULL NAME OF HOSPITAL OR INSTITUTION Integraph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson  
c. CITY OR TOWN Kansas City  
d. FULL NAME OF HOSPITAL OR INSTITUTION Integraph Hospital  
STREET ADDRESS 108 519 Woodland

3. NAME OF DECEASED (Type or Print)  
a. (First) GRAYCE b. (Middle) May c. (Last) BOYER  
4. DATE OF DEATH (Month) (Day) (Year) Jan. - 20 - 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March - 16 - 1906  
9. AGE (In years, last birthday) 48 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY at Home 11. BIRTHPLACE (City and State or Foreign Country) Ray County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Shumate 13b. MOTHER'S MAIDEN NAME Elizabeth Evans 14. NAME OF HUSBAND OR WIFE Charles Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 520-16-8459 17. INFORMANT'S SIGNATURE OR NAME Charles Boyer ADDRESS K.C., Mo.

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypostatic Pneumonia  
ANTECEDENT CAUSES (b) Pelvic Abscess  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Squamous-cell Carcinoma of Cervix  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hydronephrosis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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) m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

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 A. HOSKINS (Degree or title) Dr. Hoskins D.O. Pathologist 23b. ADDRESS 2105 Independence Ave Kansas City Mo 23c. DATE SIGNED 1-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Jan. 21 - 1955 24c. NAME OF CEMETERY OR CREMATORY Antioch Cem. 24d. LOCATION (City, town, or county) (State) Rural N.E. Richmond, Mo.

DATE REC'D BY LOCAL REG 1-22-55 REGISTRAR'S SIGNATURE neva minshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blahosman & Son Inc. K.C., Mo.

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

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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..... *Bert P. Penn*

Licensed Embalmer No. *465*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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