

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22032**
3216

FILED AUG 11 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson Co.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City, Mo.</u> | c. LENGTH OF STAY (in this place) <u>2 Mo. - 23 Day</u> | c. CITY OR TOWN <u>Kansas City</u> | d. Is Residence 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>Children's Mercy Hospital</u> | | STREET ADDRESS (If rural, give location) <u>3613 Fremont 9548</u> | |

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|---|---------------------------|---|-----------------------------------|
| 3. NAME OF DECEASED (Type or Print) <u>David Charles Boehm</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 28 1955</u> | |
| a. (First) | b. (Middle) | c. (Last) | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u> | 8. DATE OF BIRTH <u>12-20-57</u> |
| 9. AGE (In years last birthday) <u>2</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Research Hospital, K.C. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Alfred Boehm</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Caenepeel</u> | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Anna Caenepeel Boehm</u> ADDRESS <u>3613 Fremont, K.C. Mo.</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, asthenia, 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>Retinoblastoma</u> | | |
| ANTECEDENT CAUSES | | DUE TO (b) | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | 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 5-5, 1955, to 7-28, 1955, that I last saw the deceased alive on 7-28, 1955, and that death occurred at 8²⁵ m., from the causes and on the date stated above.

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|---|---|---|
| 23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) | 23b. ADDRESS <u>1710 Independence Ave. K.C. Mo.</u> | 23c. DATE SIGNED <u>7-28-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-30-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u> |
| 24d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody M. Tilly Eyles</u> ADDRESS <u>K.C. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-29-55</u> | REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Arthur Eugene Hook*.....

Licensed Embalmer No. *4912*

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.