

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26027**
2931

BIRTH NO. 786		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN Muncie		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital				e. STREET ADDRESS (If rural, give location) 818 N. 80th Place §158			
3. NAME OF DECEASED (Type or Print) Pauline		a. (First) Leona		b. (Middle) Boyer		c. (Last) Boyer	
4. DATE OF DEATH 7 - 10 - 55		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-27-32		9. AGE (In years last birthday) 23 IF UNDER 1 YEAR: Months 6 Days 27 IF UNDER 24 HRS: Hours _____ Min. _____	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City, and State or Foreign Country) Hilbert, Oklahoma				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Nelson C. Brown		13b. MOTHER'S MAIDEN NAME Minnie Leo Coleman		14. NAME OF HUSBAND OR WIFE Frank Leroy Boyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-32-8115		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Leroy Boyer Muncie			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute renal tubular necrosis ANTECEDENT CAUSES Azotemia DUE TO (b) 3rd. Stage Transfusion reaction DUE TO (c) Obstetrical hemorrhage and shock full term. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstetrical hemorrhage and shock				INTERVAL BETWEEN ONSET AND DEATH 10756	
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) (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 7-6 , 19 55 , to 7-10 , 19 55 , that I last saw the deceased alive on 7-10 , 19 55 , and that death occurred at 11:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Luther W. Swift, D.O. (Degree or title)				23b. ADDRESS 2105 Independence Ave.		23c. DATE SIGNED 7-11-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 11 1955		24c. NAME OF CEMETERY OR CREMATORY Neosho, Missouri		24d. LOCATION (City, town, or county) (State) Neosho, Missouri	
DATE REC'D BY LOCAL REG. 7-11-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Funeral Home Kas. City, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Luther W. Swift, D.O.

SEP 1 1955

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.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.