

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35994

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1277

1. PLACE OF DEATH a. COUNTY <u>Buchanan</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 township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>74-3720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>		e. STREET ADDRESS (If rural, give location) <u>426 N. 46th Terrace 3698</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bess</u>		b. (Middle)	
c. (Last) <u>Boyles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3-1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>April 18 1884</u>
9. AGE (In years last birthday) <u>71</u>	10. MONTHS <u>7</u>	11. DAYS <u>15</u>	12. HOURS <u>1</u> MIN. <u>4</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>radical nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>nursing</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John M. Boyles</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Curtis</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. B. Boyles</u> ADDRESS <u>Kansas City Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Permeous Anemia</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>2900</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peptosis Generalis sclerosis + drug addiction</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 1955, to <u>Dec 3</u> , 1955, that I last saw the deceased alive on <u>Dec 3</u> , 1955, and that death occurred at <u>7:05</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Josiah Thomas M.D.</u>		23b. ADDRESS <u>State Hosp no 2 St. Joe, Mo</u>	
23c. DATE SIGNED <u>12/3-1955</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>DEC. 3, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. A. Vassant</u> ADDRESS <u>Clinton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 5, 1955</u>		REGISTRAR'S SIGNATURE <u>Walter M. Allison</u> 485	

(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 *N. A. Vansant*

Licensed Embalmer No. *377*

P. O. Address *Blueton*

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.