

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**16254**

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

**FILED JUN 13 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2194

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		d. is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>136 N. Hardy</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>Lydia</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Box</u>	(Month) <u>5</u>	(Day) <u>19</u>	(Year) <u>1956</u>

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>July 9, 1902</u>	<b>9. AGE</b> (In years last birthday) <u>53</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>self-employed</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Goodson, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Wm. F. Price</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY Vincent</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Jesse D. Box Sr.</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year for dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Jesse D. Box Sr.</u>	<b>ADDRESS</b> <u>K.C. Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>578X</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute fibrinous peritonitis</u>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Leakage from previous</u> DUE TO (c) <u>ilioanastinosis (n-m-o)</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from April 13, 1956, to May 19, 1956, that I last saw the deceased  alive on May 19, 1956, and that death occurred at 11:07A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>B.I. Burns</u> (Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>24th &amp; Cherry</u>	<b>23c. DATE SIGNED</b> <u>5-21-56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>5/22/56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Washington Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>K.C. Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-21-56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>neva mitchell</u>	<b>FUNERAL DIRECTOR'S SIGNATURE</b> <u>Geo. C. Carson</u>	<b>ADDRESS</b> <u>Independence Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

*John Gibson*

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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 Gibson*

Licensed Embalmer No. *4871*

P. O. Address *Indep.,*

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.