No. 300
0.48

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

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20409

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2425

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN: KANSAS CITY NORTH
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 4823 EAST 45th TERRACE

3. NAME OF DECEASED (Type or Print)
a. (First): RODNEY
b. (Middle): GENE
c. (Last): BOGGESS

4. DATE OF DEATH (Month) (Day) (Year): MAY 30 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: Nov. 9. 1940
9. AGE (In years last birthday): 15
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): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: ____
11. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: ORAL BOGGESS
13b. MOTHER'S MAIDEN NAME: THELMA MARKLEY
14. NAME OF HUSBAND OR WIFE: ____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ____
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. DON E. OLINGER
ADDRESS: 4823 E. 45th TERR. KC. NORTH

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 / 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____
DUE TO (c) ____

592X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. uremia, convulsions, pulmonary edema 484

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* January, 19 55, *to* May 30, 19 56, *that I last saw the deceased alive on* May 30, 19 56 *and that death occurred at* ____ p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. Comer Bates — (Degree or title): MD
23b. ADDRESS: 329 armour Rd. North Kansas City 16, Mo.
23c. DATE SIGNED: 5/31/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 4. 1956
24c. NAME OF CEMETERY OR CREMATORY: GREEN LAWN CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 6-4-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons
ADDRESS: 1881 BRUSH CREEK, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward M. Si

Licensed Embalmer No. 44

P. O. Address K. C. 10

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.