

FILED DEC 13 1956

STANDARD CERTIFICATE OF DEATH

37887

Health, Welfare Public Service

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5131

1. PLACE OF DEATH a. COUNTY <u>Jackson</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, give TOWNSHIP only) Inside Limits OR TOWN <u>Kansas City</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Colonial Nursing Home</u> Length of stay in (b) <u>60 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>4915 Prospect</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>BERT</u> Middle <u>D.</u> Last <u>BOYER</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>26</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 11, 1871</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (City and state or country) <u>Corfu, N. York</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Jake Boyer</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Walter Boyer</u> Address <u>5406 Lane Road</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIOVASCULAR THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
DUE TO (b) <u>ARTERIOSCLEROSIS</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <u>5-1-56</u> to <u>11-10-56</u> and last saw <sup>her</sup> him <u>alive</u> on <u>11-10-56</u>		
Death occurred at <u>Colonial Nursing Home</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Walter Boyer</u> (Degree or title) <u>Dr.</u>	22b. ADDRESS <u>2512 Sweep Park St. MO</u>	22c. DATE SIGNED <u>11-27-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-27-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cherokee Cemetery</u>
23d. LOCATION (City, town, or county) <u>Cherokee, Kansas</u>		(State)
24. FUNERAL DIRECTOR <u>Melody-McGilley-Eyler Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>11-27-56</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>

1800 E. Linwood (Licensed Embalmer's Statement on Reverse Side)

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
C. J. Penfold

MEDICAL CERTIFICATION

D. H. J. Tenfold D.D.  
2512 Duane Ave.  
W.A. 1-16-22

apt 11:30 am

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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.....  
*James W. Wain*

Licensed Embalmer No. 46

P. O. Address.....  
*K. E. 4*

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.