

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1210**  
Registrar's No. **97**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>CASS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>7 Days</b>	c. CITY OR TOWN <b>West Line</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>6140</b>	

3. NAME OF DECEASED (Type or Print) <b>MAUDE</b>		a. (First) <b>BOUTELL</b>		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>January 6, 1957</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>12-4-1893</b>		9. AGE (In years last birthday) <b>63</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vice-Pres. - Boutell</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DISTRIBUTING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Webb City, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Dr. Farley</b>		13b. MOTHER'S MAIDEN NAME <b>Abbie Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Earl Nelson Boutell, Sr.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Earl N. Boutell, Sr.</b>	
				ADDRESS <b>West Line, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Gastrointestinal bleeding</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic leukemia</b>		<b>3-4 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Bleeding from leukemia.</b>		<b>years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>2 weeks</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>2044</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (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 **12-8** <sup>1956</sup> to **1-6**, 1957, that I last saw the deceased alive on **1-6**, 1957, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert M. Hazen</b> (Degree or title)		23b. ADDRESS <b>600 Ogyle Bldg. P.C. Mo.</b>		23c. DATE SIGNED <b>1-8-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>1-9-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>DWN Crematory</b>	
		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>1-9-57</b>		REGISTRAR'S SIGNATURE <b>heva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; McClure</b>	
				ADDRESS <b>Kansas City, Missouri</b>	

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

64-1-5979  
11:00 - 3:00

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..... *J. T. Crowell*  
Licensed Embalmer No.... 4. 9. 0

P. O. Address..... *H. C. me*

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.