

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036259

STATE FILE NUMBER

4632

FILED OCT 23 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

5. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp #1		d. STREET ADDRESS (If outside, give location) 2929 HARRISON	
3. NAME OF DECEASED (Type or print) First Middle Last ROSCOE W. Boucher		4. DATE OF DEATH Month Day Year 10 1 1958	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 31, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) SARCOXIE MISSOURI
13a. FATHER'S NAME WALLACE BAUGHER		13b. MOTHER'S MAIDEN NAME LUCINDA SCHAFFLING	14. NAME OF HUSBAND OR WIFE MRS. ANNA J. BOUCHER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496-10-3635	17. INFORMANT Mrs. ANNA J. BOUCHER Address 2929 HARRISON K. C. MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Colon DUE TO (b) Intestinal Obstruction DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 153 <sup>1</sup>
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.) ITEM 3, 13, 14, 17 CORRECTED BY AFFIDAVIT OF Informant 12-30-58	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from July 30, 1958 to October 1, 1958 and last saw him alive on October 1, 1958 Death occurred at 12:26 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. I. Burns, M.D.		22b. ADDRESS 24th & Cherry	
22c. DATE SIGNED 10-2-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 3, 1958	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETARY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR M. WENLE BACH FUNERAL HOME 6802 TRAVEL		25. DATE RECD. BY LOCAL REG. 10-2-58	
26. REGISTRAR'S SIGNATURE Neva Minshall			



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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 Warren R. Ellis

Licensed Embalmer No. 5018

P. O. Address MISSION, KANSAS

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.