Health, Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-002442

FILED JAN 16 1959 Registration District No. 280 Primary Registration District No. 6-964 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY PLATTE
b. CITY OR TOWN PETTIS TWP. — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in Hospital: 2 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY PLATTE
c. CITY OR TOWN PLATTE CITY — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS RR. 1 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: ENLOW Middle: JESSE Last: BOYDSTON
4. DATE OF DEATH Month Day Year: JAN. 7, 1959
5. SEX: M
6. COLOR OR RACE: WH.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: AUG. 4, 1891
9. AGE (In years last birthday): 67 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: GEN. FARMING
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JOHN BOYDSTON
13b. MOTHER'S MAIDEN NAME: LIZA MAE TOWNS
14. NAME OF HUSBAND OR WIFE: DIXIE CALVERT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-20-7460
17. INFORMANT: J. C. BOYDSTON, Address: PLATTE CITY, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BURNED TO DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) HOME FIRE 9160
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 16
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ____, to ____ and last saw her/him alive on ____
Death occurred at APPROX. 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roland M. Huffee (Degree or title) Coroner
22b. ADDRESS Platte City, Mo.
22c. DATE SIGNED 1-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1-9-59
23c. NAME OF CEMETERY OR CREMATORY: PLATTE CITY CEM.
23d. LOCATION (City, town, or county) (State): PLATTE CITY, MO.

24. FUNERAL DIRECTOR: ROLLINS & MITCHELL — ADDRESS: PLATTE CITY, MO.
25. DATE RECD. BY LOCAL REG.: Jan 9-1959
26. REGISTRAR'S SIGNATURE: Opline Rollins

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

JAN 19
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PLATTE COU
HEALTH DE
By

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 Not Embalmed Arterially, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed Roland M. Giffe
Signature of Student Embalmer

Licensed Embalmer No. 4725
P. O. Address Platte City, M

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.