

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004540

STATE FILE NUMBER

FILED MAR 16 1959

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

247

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Edgerton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.			Length of stay in lb 1 week	d. STREET ADDRESS (If outside, give location) Preston Township			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last James Harrison Boydston				4. DATE OF DEATH Month Day Year March 2, 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 19, 1880		9. AGE (In years last birthday) 78	10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Platte County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Tom Henry Boydston			13b. MOTHER'S MAIDEN NAME Clara Kate Lott			14. NAME OF HUSBAND OR WIFE -----	
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. 495-42-5632		17. INFORMANT Address Rollins-Nash Mortuary Edgerton, 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) <i>Pulmonary atelectasis + myocardial insufficiency</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <i>Megacolon - with maximum distension</i>						Congestive?	
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 checked="" type="checkbox"/> NO <input 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.) <i>578X</i>				
20c. TIME OF INJURY Hour Month, Day, Year 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 <i>Febr 22, 1959</i> to <i>March 2, 1959</i> and last saw her alive on <i>March 2, 1959</i> Death occurred at <i>10:00</i> A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>J. S. E. Senior M.D.</i>				22b. ADDRESS <i>St Joseph Mo</i>		22c. DATE SIGNED <i>3-3-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Mar. 3, 1959.</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Davis Chapel Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Dearborn, Missouri.</i>		
24. FUNERAL DIRECTOR <i>Meyerhoffer - Fleeman</i> ADDRESS <i>St. Joseph, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>Mar. 6, 1959</i>		26. REGISTRAR'S SIGNATURE <i>John Clark Goodell</i>	

Dr. S. E. Senior
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 All diseases in Part I must be causally related.

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 *Albert R. Harrington*

Licensed Embalmer No...3258.....

P. O. Address...St...Joseph...Mo...

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.