

FEDERAL BUREAU OF INVESTIGATION
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030447

FILED VS. SEP 12 1960 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4399 STATE FILE NUMBER

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		Length of stay in 1b 46 yrs.	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7133 Agnes		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7133 Agnes

3. NAME OF DECEASED (Type or print) First MR. MICHAEL Middle A. Last BOYLE			4. DATE OF DEATH Month August Day 26 Year 1960	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-26-1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting Dept.	10b. KIND OF BUSINESS OR INDUSTRY K.C. Public Service	11. BIRTHPLACE (City and state or country) Lexington, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas Boyle	13b. MOTHER'S MAIDEN NAME Bridgett Lyons	14. NAME OF HUSBAND OR WIFE Leora Boyle
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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. 486-07-5225	17. INFORMANT Mrs. Leora Boyle - 7133 Agnes	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Heart Failure	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Generalized Arteriosclerosis Under
	DUE TO (c)	Bleeding Duodenum Under
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour 12:50 a.m. p.m. Month, Day, Year
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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 Kansas City	COUNTY Jackson	STATE Missouri
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21. I attended the deceased from 1949 to time of death and last saw him alive on 8-26-60 Death occurred at 12:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leo M. Mullen M.D. (Degree or title)	22b. ADDRESS 4443 Paseo Blvd	22c. DATE SIGNED 8-26-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-29-60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Melloyd-McGilley-Eylar F.W.H.	ADDRESS -1800 E. Linwood	25. DATE RECD. BY LOCAL REG. 8-27-60	26. REGISTRAR'S SIGNATURE H.L. Dwyer
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DOCUMENT

BY AFFIDAVIT OF, **Leo M. Mullen** MEDICAL CERTIFICATION

W. L. ...
44434

7th. apr

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur Eugene Kao

Licensed Embalmer No. 4912

P. O. Address KE Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.