

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-017304

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2301

STATE FILE NUMBER

AMENDED

1. FILED **MAY 29 1961**

a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MISSOURI** COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in lb **55 YEARS**

c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2327 EAST 48TH TERRACE** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **2327 EAST 48TH TERR.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **BENJAMIN FRANKLIN BOYER, SR.**

4. DATE OF DEATH Month Day Year **MAY 8 1961**

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **10/19/85**

9. AGE (last birthday) **75**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **BAKER**

10b. KIND OF BUSINESS OR INDUSTRY **NATIONAL BISCUIT COMPANY**

11. BIRTHPLACE (City and state or country) **HEMPLE, MISSOURI**

12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **JOSEPH BOYER**

13b. MOTHER'S MAIDEN NAME **MARY KERN**

14. NAME OF HUSBAND OR WIFE **BLANCHE BOYER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

17. INFORMANT **BEN FRANKLIN BOYER, JR. KANSAS CITY, 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) **Coronary Occlusion**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Heart Disease**  
DUE TO (c) **Generalized Arteriosclerosis**

INTERVAL BETWEEN ONSET AND DEATH **24 L.**  
**10 yrs.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

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 **1948** to **5/8/61** and last saw her alive on **5/8/61**  
Death occurred at **8:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Otto W. Theel M.D.**

22b. ADDRESS **4301 Main St. KC Mo**

22c. DATE SIGNED **5-9-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

23b. DATE **MAY 10, 1961**

23c. NAME OF CEMETERY **FLORAL HILLS CEMETERY**

23d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **D.W. NEWCOMER'S SONS KANSAS CITY, MO. 1331 BRUSH CREEK**

25. DATE RECD. BY LOCAL REG. **5-10-61**

26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
Otto W. Theel

**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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address H. C. One

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.