

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9433

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>	PRIMARY REG. DIST. NO. <u>3052</u>	Registrar's No. <u>96</u>
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1720 East 7th</u>		d. STREET ADDRESS (If rural, give location) <u>1720 East 7th</u>		
3. NAME OF DECEASED (Type or Print) <u>MARGARET</u>		a. (First) _____	b. (Middle) _____	c. (Last) <u>BOESCH</u>
4. DATE OF DEATH <u>March 20 1949</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>December 30 1861</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Delventhal</u>		
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Claus Boesch</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Flora Boesch</u> ADDRESS <u>1720 E 7th Sedalia, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured fracture right femur</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial failure</u> DUE TO (c) <u>shock & senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>C.M.O. 2/20</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>8 hours</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis 132 Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 16 49 12:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>dizzy spell and fall</u>
22. I hereby certify that I attended the deceased from <u>3-10</u> , 19 <u>48</u> , to <u>3-20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-20</u> , 19 <u>49</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>M. Maunders J.D.O.</u>		23b. ADDRESS <u>501 1/2 S. Engineer, Sedalia</u>		23c. DATE SIGNED <u>3/21/49</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>22 March 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		DATE REC'D BY LOCAL REG. <u>3-22-1949</u>		
REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Schart</u>		ADDRESS <u>Sedalia, Mo</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80
6
4

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-20-49

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
Student Embalmer

Signed Frank A Coffman Jr

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.