

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40759

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		c. LENGTH OF STAY (in this place) <u>12 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jeter Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>218 E. Second St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSTAVUS</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>BOEHM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 3, 1877</u>	
9. AGE (In years last birthday) <u>72</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Refired Teacher</u>		11. BIRTHPLACE (State or foreign country) <u>Hermann, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>JOHN BOEHM</u>		13b. MOTHER'S MAIDEN NAME <u>Liatte Grossstetter</u>		14. NAME OF HUSBAND OR WIFE <u>Sarilda Boehm</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-30-3390</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. G. H. Boehm, Hermann, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal skull fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 21. INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>2/1/50</u> <u>21</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Fell from roof</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hermann, Gasconade, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 6 1949 11:25</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from roof striking concrete walk</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 6, 1949</u> , to <u>Dec. 6, 1949</u> , that I last saw the deceased alive on <u>Dec. 6, 1949</u> , and that death occurred at <u>2:59 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed. G. Jeter</u>				23b. ADDRESS <u>Hermann, Mo</u>		23c. DATE SIGNED <u>12/7/49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hermann City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hermann Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/8/49</u>		REGISTRAR'S SIGNATURE <u>W. M. Underwille</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugos & Plummer</u>		ADDRESS <u>Hermann, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 4 1950
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed _____

Hugos + Blumner

Licensed Embalmer No. 3160
Hermann, Mo

P. O. Address _____

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.