S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8527

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1235

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HENRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MONTROSE - RURAL 0429
d. STREET ADDRESS (If rural, give location): R. R. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle):
c. (Last): BOEHLER

4. DATE OF DEATH (Month) (Day) (Year): MAR-15-1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR-14-1886
9. AGE (In years last birthday): 64 YEARS; IF UNDER 1 YEAR: Months 1, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: SICKLAND BOEHLER
13b. MOTHER'S MAIDEN NAME: SOPHA JUNG
14. NAME OF HUSBAND OR WIFE: MRS. MARY ELIZABETH BOEHLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. MARY ELIZABETH BOEHLER
ADDRESS: R. R. # 2 MONTROSE, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: ~~1 day~~ 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Secondary Surgical Shock — 24 hours
DUE TO (c) Hypertension — year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophied prostate — 4 year

19a. DATE OF OPERATION: 3-14-50
19b. MAJOR FINDINGS OF OPERATION: Hypertrophied prostate
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* 3-15, 1950, *that I last saw the deceased alive on* 3-15, 1950, *and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: John T. Skinner (Degree or title) MD
23b. ADDRESS: 1102 Grand K.C. MO
23c. DATE SIGNED: 3-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR-16-1950
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): MONTROSE, MISSOURI

DATE REC'D BY LOCAL REG.: 3-16-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: W. H. Newcomer Sons
ADDRESS: 1331 BROSH CREEK KANSAS CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

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 Embalmer No. _____

Signed D. B. Nolsinger

Signed _____
Student Embalmer

Licensed Embalmer No. 3938

P. O. Address Kansas City 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.