

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17299**

0540

1

REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5637 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Odessa R.F.D. 3</u> ) c. LENGTH OF STAY (in this place) <u>66 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa R.F.D. 3</u> <u>1540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) <u>William</u> c. (Last) <u>Boger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 29, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (in years last birthday) <u>81</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Boger</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Setlezer</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, state year or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Robert Behringer Odessa</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>Chronic Myocarditis</u> <u>10 yrs</u> INTERVAL BETWEEN ONSET AND DEATH <u>4222</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. <u>Nephrosclerosis</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)		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 4, 1950</u> , to <u>May 5, 1950</u> , that I last saw the deceased alive on <u>May 5, 1950</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. F. Slaughter D.O.</u>		23b. ADDRESS <u>Odessa Mo.</u>	
23c. DATE SIGNED <u>5/6/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>May 6, 50</u>		REGISTRAR'S SIGNATURE (deputy) <u>Emma Davidson</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>John Sheppard</u>		ADDRESS <u>Wellington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 17  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 5/17/50

JUN 14 1950

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed

*J. Clair Sheppard*  
4179

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Wellington, Va.

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.