

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34329**

0804

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>326</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 town) <u>SEDALIA</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>813 East 6th</u>				d. STREET ADDRESS (If rural, give location) <u>813 East 6th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>BOETJER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 13, 1873</u>		9. AGE (In years) (If under 1 year: Months) (If under 12 mos. Hours) (Min.) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Groceryman</u>		11. BIRTHPLACE (State or foreign country) <u>Sedalia, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frederick Boetjer</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Meisner</u>			14. NAME OF HUSBAND OR WIFE <u>Grace Boetjer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give type of service) <u>310-03-2441</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace Boetjer, 813 E 6th</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, ashenia; etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis - pulmonary failure</u> ANTECEDENT CAUSES DUE TO (b) <u>hypertetic pneumonia</u> DUE TO (c) <u>Apoplexy - right hemiplegia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 months</u> <u>12 hours</u> <u>8 months</u> <u>334X</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) _____		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) _____		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>3-3, 1950</u> , to <u>10-13, 1950</u> , that I last saw the deceased alive on <u>10-13, 1950</u> , and that death occurred at <u>5:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. Maunders</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>10/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-16-1950</u>		REGISTRAR'S SIGNATURE <u>J. Campbell</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Beckert Sedalia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

10-23-57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-23-57

REC 101950

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 M. Beckert

Licensed Embalmer No. 3470

P. O. Address Sidalia, 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.