

S. No. 300
V. 10.48

0396

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33185

State File No.

FILED OCT 22 1951

BIRTH NO. _____ REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 2000 Registrar's No. 875

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone	
b. CITY OR TOWN Springfield, Mo.		c. CITY OR TOWN Aurora Rural - Bush Prairie	
c. LENGTH OF STAY (In this place) 3 wks.		d. STREET ADDRESS (If rural, give location) 10 Mi So E Aurora 1049	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Donald	b. (Middle) Edwin	c. (Last) Boeker	4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept. 1, 1944	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student	10b. KIND OF BUSINESS OR INDUSTRY school	11. BIRTHPLACE (State or foreign country) Peterson New Jersey	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Aaron Boeker	13b. MOTHER'S MAIDEN NAME Gene Lowe	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Aaron Boeker	ADDRESS Marionville, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute heart failure		1 d.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumothorax DUE TO (c) Atypical Pneumonia		2 wk
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumatic fever, Pancarditis			1 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-16, 1951, to 10-13, 1951, that I last saw the deceased alive on 10-13, 1951, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE William J. Busch MD (Degree or title)	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 10-13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 17, 51	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F cemetery	24d. LOCATION (City, town, or county) (State) Marionville, Missouri
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DATE REC'D BY LOCAL REG. 10-16-51	REGISTRAR'S SIGNATURE W E Handley MD	25. FUNERAL DIRECTOR'S SIGNATURE William Wood ADDRESS Aurora, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

James D. Crafton

Licensed Embalmer No. 40668

P. O. Address Aurora Mo.

Signed.....
Student Embalmer

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.