

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34404

State File No. ....

FILED NOV 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Calista</u>	c. LENGTH OF STAY (in this place) <u>10 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LATHAM HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) <u>STELLA MARGRET BOECKHAUS</u>	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 3, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 26, 1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MTH. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Moniteau County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Burr Hamilton</u>	13b. MOTHER'S MAIDEN NAME <u>Wackerlin</u>	14. NAME OF HUSBAND OR WIFE <u>LOUIS BOECKHAUSE,</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carl Baade,</u> ADDRESS <u>California, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgical Shock</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Left Femur.</u> DUE TO (c) <u>? Embolism</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio-vascular disease</u>		<u>105 years</u>	

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) _____	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 Nov 2, 1951, to Nov 3, 1951, that I last saw the deceased alive on Nov 2, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edgar A. Kelly M.D.</u> (Degree or title)	23b. ADDRESS <u>218 N. Oak California</u>	23c. DATE SIGNED <u>11/3/51.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/5/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BOECKHAUS</u>	24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA, MONITEAU, MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-12-51</u>	REGISTRAR'S SIGNATURE <u>H.R. Popowicz R.R.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>WILLIAMS FUNERAL HOME,</u> ADDRESS <u>California, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0681

RECEIVED NOV 14 1951

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed NOV 14 1951 .....

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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.....  
Student Embalmer

Signed *Hugh C. Williams* .....

Licensed Embalmer No. *3537* .....

P. O. Address *California 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.