

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12559

State File No.

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5435 Registrar's No. 5

0370

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

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gasconade</u>	
-b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Boeuf</u>		c. LENGTH OF STAY (in this place) <u>84 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 Mi. E. of Swiss</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Boeuf</u> <u>0370</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katie</u> b. (Middle) _____ c. (Last) <u>Michel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 10, 1867</u>
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 _____	9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 WKS. Hours _____ Mins. _____
11. BIRTHPLACE (State or foreign country) <u>Swiss, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>Andrew Boesch</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Krattli</u>	
14. NAME OF HUSBAND OR WIFE <u>Albert Michel</u>		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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theodore Michel, Hermann, Mo.</u> ADDRESS <u>RFD</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>Myocarditis Chronic</u> ANTECEDENT CAUSES <u>Hypertension</u> <u>Atherosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>443X</u>	
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>May 1949</u> to <u>April 4, 1952</u> , that I last saw the deceased alive on <u>March 1952</u> , and that death occurred at <u>9 1/2</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. G. Rhodius M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Hermann</u>	
23c. DATE SIGNED <u>4/5/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Swiss, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4/5/52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hermann, Mo.</u>	

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.