

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15963**

FILED JUN 9 5-29-1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **44**

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

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood 0290</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SE part of town</b>		d. STREET ADDRESS (If rural, give location) <b>SE part of town</b>	

3. NAME OF DECEASED a. (First) <b>Christian Heinrich</b> b. (Middle) <b>Fredrick William</b> c. (Last) <b>Boehne</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 27 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 5 1874</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR (Months) <b>5</b> IF UNDER 2 WKS. (Days) <b>22</b> IF UNDER 24 HRS. (Hours) <b>0</b> (Min.) <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Hoyleton, Illinois</b>	
13a. FATHER'S NAME <b>Wilhelm Boehne</b>			13b. MOTHER'S MAIDEN NAME <b>Loisa Holtzenberg</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Boehne</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Boehne</b> ADDRESS <b>Lockwood, Mo</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Primary lateral sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b>
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

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) (Min.)	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 **2-4-1952** to **5-6-1952**, that I last saw the deceased alive on **5-26-1952**, and that death occurred at **8 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>G. D. Combs</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Lockwood Mo</b>	23c. DATE SIGNED <b>5-27-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 30-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Immanuel Lutheran</b>	24d. LOCATION (City, town, or county) (State) <b>Lockwood, Mo</b>
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DATE REC'D BY LOCAL REG. <b>5-29-52</b>	REGISTRAR'S SIGNATURE <b>Geo. L. Wears by J. C. Canada</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. L. Haunselchild</b> ADDRESS <b>Lockwood, Mo</b>
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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 *B. L. Hambrick*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3234*.....

P. O. Address *Lakewood*.....

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.