

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23547

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4012 Registrar's No. 62

0030
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rock Port.		c. CITY (If outside corporate limits, write RURAL and give township) Rock Port.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print)	a. (First) Vina	b. (Middle)	c. (Last) Boettner	4. DATE OF DEATH (Month) (Day) (Year) 7/19/1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/21/1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 3 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Watson, Mo.,	12. CITIZEN OF WHAT COUNTRY? Am
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13a. FATHER'S NAME Stephen South	13b. MOTHER'S MAIDEN NAME Melinda Hall	14. NAME OF HUSBAND OR WIFE Wm. Boettner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Lorraine Boettner, Rockport, Mo.,	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		6 Mo
	ANTECEDENT CAUSES DUE TO (b) Acute bronchitis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		3 weeks
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Decubitus ulceration		11 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 7-19-52, to 7-19-52, that I last saw the deceased alive on 7-19-52, and that death occurred at 2:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE V. A. Reutter, M.D. (Degree or title)	23b. ADDRESS Rockport, Mo.	23c. DATE SIGNED 7/21/52.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/22/1952	24c. NAME OF CEMETERY OR CREMATORY Linden Cem.	24d. LOCATION (City, town, or county) (State) Rock Port. Mo.,
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DATE REC'D BY LOCAL REG. July 24, 1952	REGISTRAR'S SIGNATURE Marvin McLooby	25. FUNERAL DIRECTOR'S SIGNATURE Bartholomew Mortuary, Rockport, Mo	ADDRESS
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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.....

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working under my personal supervision.

Student Embalmer No.

Signed *Grant Barthelme*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3173.....

P. O. Address Rock Port. 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.