

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28611**

No. 300
10-48

FILED SEP 6 - 1952
BIRTH NO. 52397 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 88

-42
1

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

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>LEXINGTON</u> c. LENGTH OF STAY (In this place) <u>DAY</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGGINSVILLE</u> d. STREET ADDRESS <u>1000 E. 15th</u> (If rural, give location)	
---	--	--	--

3. NAME OF DECEASED (Type or Print) a. (First) <u>DARROL</u> b. (Middle) <u>LEE</u> c. (Last) <u>BOSCHERT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 24 1952</u>			
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>August 11, 1952</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEXINGTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>ALBERT J. BOSCHERT JR.</u>		13b. MOTHER'S MAIDEN NAME <u>GRACE MARIE OFFER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>MRS. AUGUST OFFER</u>	
				ADDRESS <u>HIGGINSVILLE, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			INTERVAL BETWEEN ONSET AND DEATH <u>9 HRS.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u>				
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (b) <u>CONGENITAL HEART ANOMALY</u>				
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>8/25/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>CONGENITAL HEART ANOMALY</u>				20. AUTOPSY? YES <input checked="" 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) <u>HIGGINSVILLE, MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 11 AUG. 1952, to 24 AUG. 1952, that I last saw the deceased alive on 24 Aug., 1952, and that death occurred at 3:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert B. Bess</u> (Degree or title) <u>Dr. D.</u>		23b. ADDRESS <u>HIGGINSVILLE, MO.</u>		23c. DATE SIGNED <u>8-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL</u>	
				24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-30-52</u>		REGISTRAR'S SIGNATURE <u>Wm. E. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
				ADDRESS <u>HIGGINSVILLE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Forrest S. Hooper

Licensed Embalmer No. 4358

P. O. Address Higginsville

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.