

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4803

FILED FEB 20 1953

BIRTH NO. REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5109 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BOLLINGER MISSOURI</b>			
b. CITY OR TOWN <b>RURAL CROOKED CREEK 3 YRS.</b>		c. CITY OR TOWN <b>RURAL CROOKED CREEK</b>		c. CITY (If outside corporate limits, write RURAL and give township)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NEAR PATTON</b>			d. STREET ADDRESS (If rural, give location) <b>RURAL - PATTON, MO.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>GRANT</b> c. (Last) <b>BOOER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 30 1953</b>			
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>APRIL 3, 1867</b>	9. AGE (In years, last birthday) <b>85</b>	# UNDER 1 YEAR <b>8</b> # UNDER 1 Mth. <b>27</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>TERRE HAUTE, INDIANA</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ACHOR BOOER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY BYHEIMER</b>		
14. NAME OF HUSBAND OR WIFE <b>IDA BELLE BOOER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>IDA BELLE BOOER</b>		ADDRESS <b>PATTON, MO.</b>		18. CAUSE OF DEATH		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE <b>Gene Ward - Coroner</b> (Degree or title)			23b. ADDRESS <b>Lutesville, MO</b>		23c. DATE SIGNED <b>2-2-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB 1, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. CARMEL</b>		24d. LOCATION (City, town, or county) (State) <b>BOLLINGER, Co. MO.</b>	
DATE REC'D BY LOCAL REG. <b>Feb 3-53</b>		REGISTRAR'S SIGNATURE <b>Walter Lamb</b>		FUNERAL DIRECTOR'S SIGNATURE <b>BAKER FUNERAL HOME</b> ADDRESS <b>LUTESVILLE, MO.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

090

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 J. E. Graham

Licensed Embalmer No. 4210

P. O. Address Lutesville, 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.