

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10704**

FILED MAR 23 1953

BIRTH NO.		REG. DIST. NO. <b>234</b>		PRIMARY REG. DIST. NO. <b>5816</b>		Registrar's No. <b>7</b>	
1. PLACE OF DEATH a. COUNTY <b>Morgan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Richland Twp.</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Richland Twp. 0710</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>12 miles north Stover</b>				d. STREET ADDRESS (If rural, give location) <b>12 miles north Stover</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>John</b> c. (Last) <b>Boettcher</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 14, 1953</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>Aug. 23, 1889</b>		9. AGE (In years last birthday) <b>63</b>	10. MONTH <b>6</b>	11. DAY <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Morgan County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>William Boettcher</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Lutjen</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Boettcher</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 ADDRESS <b>Lavern Vosh Florence, Mo.</b>			
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) <b>Circulatory failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute myocardial dilatation</b> DUE TO (c) <b>Coronary thrombosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>2 or 3 minutes</b>  <b>2 or 3 minutes</b>  <b>several minutes</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4201</b>				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)		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 <b>May 8, 1951</b> , to <b>March 5, 1953</b> , that I last saw the deceased alive on <b>March 5, 1953</b> , and that death occurred at <b>9 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Thomas P. Weisand</b>				23b. ADDRESS <b>Stover, Missouri</b>		23c. DATE SIGNED <b>3-16-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 16, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pymont Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Morgan County Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Mar. 20 1953</b>		REGISTRAR'S SIGNATURE <b>Am. R. Rippey</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. H. Steinson Stover, Mo.</b>			

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

**STATEMENT BY LICENSED EMBALMER**

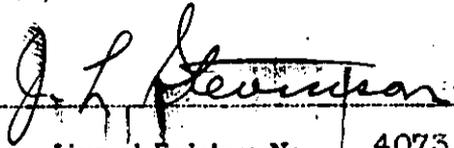
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4073

P. O. Address Stover, 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.