

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13785**

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 83

362
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp. 0370	
c. LENGTH OF STAY (In this place) 9 days		d. STREET ADDRESS (If rural, give location) Bland, Mo. Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) Wilheminia c. (Last) Boettcher			4. DATE OF DEATH April 22, 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 1, 1874		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Jeffriesburg, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Frederick Strehlman		13b. MOTHER'S MAIDEN NAME Mary Toelke		14. NAME OF HUSBAND OR WIFE Herman Boettcher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) **		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Wm. Boettcher ADDRESS Bland, Mo. Rt. _____	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Cardis		
	ANTECEDENT CAUSES Vascular Disease 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221		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 4-28, 1953, to 4-22, 1953, that I last saw the deceased alive on 4-21, 1953, and that death occurred at 7 a.m., from the causes and on the date stated above.

23a. SIGNATURE BS Strehlman (Degree or title) H.O.		23b. ADDRESS Union Mo		23c. DATE SIGNED 4-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-25-1953		24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	
24d. LOCATION (City, town, or county) (State) Woollam, Mo.					

DATE REC'D BY LOCAL REG. April 25, 1953		REGISTRAR'S SIGNATURE F. E. Hudman		25. FUNERAL DIRECTOR'S SIGNATURE W. H. White ADDRESS OWENSVILLE	
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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 Ms

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Myself H W Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.