

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

ED MAY 2 1953

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN Festus (Rural))		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R. F. D. # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Elizabeth (Type, or, Print)			b. (Middle) Boening			c. (Last) Boening			4. DATE OF DEATH (Month) (Day) (Year) Apr. 21, 1953		
5. SEX F.		6. COLOR OR RACE White		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 25, 1879		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Festus, Mo. (Rural)		12. CITIZEN OF WHAT COUNTRY? U. S. A	

13a. FATHER'S NAME John T. Miller		13b. MOTHER'S MAIDEN NAME Sophia Sengebusch		14. NAME OF HUSBAND OR WIFE Edward Boening	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. nil		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Bennett, R. # 2, Festus, Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous with metastases		INTERVAL BETWEEN ONSET AND DEATH Remained 3 yrs. ago
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast		
	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 170 X		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 7-21, 1953, to 4-21, 1953, that I last saw the deceased alive on 3-27, 1953, and that death occurred at 8/A.M. m., from the causes and on the date stated above.

23a. SIGNATURE Arthur R. Trish		23b. ADDRESS 18 S. Kingshighway, St. Louis		23c. DATE SIGNED 4-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 24/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem., St. Louis Co. Mo.	
24d. LOCATION (City, town, or county) (State)		24e. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. 4-23-53		REGISTRAR'S SIGNATURE Geoffrey R. Pallett		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	
				ADDRESS 1125 Hodiamont Ave.,	

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

500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED APR 30 1963

JUL 23 1963

JUL 21 1963

188. Hillboro
1:30 to 5 PM.
J

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Donald H. Vinyard

Signed.....
Student Embalmer

Licensed Embalmer No. *4608*

P. O. Address *Festus, 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.