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

FILED JUN 1- 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17753

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5463 Registrar's No. 493

1. PLACE OF DEATH
a. COUNTY Greene 039
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural 1st Jackson
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1½ mi. East Bassville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene 039
c. CITY OR TOWN Strafford
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Strafford RFD#2

3. NAME OF DECEASED (Type or Print)
a. (First) BETTY
b. (Middle) LOU
c. (Last) BOEHME

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 11 Sept. 1938
9. AGE (In years last birthday) 14 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY In School
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harry Boehme
13b. MOTHER'S MAIDEN NAME Eunice Wommack
14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Harry Boehme ADDRESS Strafford, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest, punctured lung — INTERVAL BETWEEN ONSET AND DEATH: sudden

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 039
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road
21c. (CITY, TOWN, OR TOWNSHIP) 1½ mi. E. Bassville (COUNTY) Greene, (STATE) Mo.

21d. TIME OF INJURY (Month) May (Day) 22-53 (Year) (Hour) 8:20 m. P.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell from wagon, and wheels ran over her.

22. *I hereby certify that I attended the deceased from* [redacted] *and that death occurred at* 8:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. E. [illegible] Greene (Degree or title) Coroner 3
23b. ADDRESS 407 Medical Arts Bldg.
23c. DATE SIGNED 5-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-25-53
24c. NAME OF CEMETERY OR CREMATORY Bass Chapel Cemetery
24d. LOCATION (City, town, or county) Greene County (State) Mo.

DATE REC'D BY LOCAL REG. 5-23-53
REGISTRAR'S SIGNATURE Edith Williams Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE J.W.KLINGNER & CO. ADDRESS Springfield, Mo.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J B Klingner

Licensed Embalmer No. 335

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.