

FILED DEC 28 1953

STANDARD CERTIFICATE OF DEATH

State File No. 44882

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4495</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethel</u>		c. LENGTH OF STAY (In this place) <u>85 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethel, Mo. 1020</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)		
<u>William Conrad Boehringer</u>			<u>DEC</u>	<u>19</u>	<u>1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 18, 1868</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Boehringer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Grossman</u>		14. NAME OF HUSBAND OR WIFE <u>Christina Boehringer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME : ADDRESS <u>Mrs Christina Boehringer Bethel</u>			
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) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>About 4 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Congested heart failure</u>					
		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 <u>4341</u>				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 <u>Aug 8, 1953</u> , to <u>Dec 19, 1953</u> , that I last saw the deceased alive on <u>Dec 18, 1953</u> , and that death occurred at <u>7:22 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard H. Dutton D.O.</u>				23b. ADDRESS <u>Bethel Missouri</u>		23c. DATE SIGNED <u>Dec, 19, 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 22, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel, Zion</u>		24d. LOCATION (City, town, or county) (State) <u>3 mi West of Bethel, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 26-53</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Musgrove</u>		ADDRESS <u>Bethel Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC

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.....

Self

working under my personal supervision.

Student Embalmer No.....

Signed.....

C. W. Musgrove

Signed.....
Student Embalmer

Licensed Embalmer No. *2719*

P. O. Address *Bethel, Mo*

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

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

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