

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5620**

BIRTH NO. **FILED FEB 2 A 10E#** REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **4388** Registrar's No. **2**

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

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) Chamois		c. CITY (If outside corporate limits, write RURAL and give township) Chamois	
c. LENGTH OF STAY (in this place) 61		d. STREET ADDRESS (If rural, give location) City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-city of Chamois			

3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) HERMAN c. (Last) Boss			4. DATE OF DEATH (Month) (Day) (Year) 2 - 10 - 54		
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5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH June 11 - 1892		9. AGE (In years last birthday) 61		10. UNDER 1 YEAR Months Days		10. UNDER 1 WKS. Hours Min.	
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10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) Osage County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME HERMAN BOSS		13b. MOTHER'S MAIDEN NAME ALBERTINA GERRITSON		14. NAME OF HUSBAND OR WIFE Florence Ruth Boss	
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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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME William Boss		ADDRESS Chamois	
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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) Coronary Thrombosis Embolism				INTERVAL BETWEEN ONSET AND DEATH 5 min.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Coronary & generalized arteria Sclerosis				10-20 yrs.	
		DUE TO (c) also in stomach & intestines				1 week	
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **9-7-1952**, to **2-10-1954** that I last saw the deceased alive on **2-2-**, 19**54** and that death occurred at **5:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE F. B. Jamnarth, D.O.		23b. ADDRESS Chamois Mo.		23c. DATE SIGNED 2-12-54.	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 13 Feb 1954		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Chamois Mo.	
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DATE REC'D BY LOCAL REG. 2-19-54		REGISTRAR'S SIGNATURE Anna Moran 448		25. FUNERAL DIRECTOR'S SIGNATURE Sammy E Meyer		ADDRESS Chamois, Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Chambers, 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.