

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22038

State File No.

0021

FILED JUL 21 1954

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 69

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission).		
a. COUNTY <u>Bates</u>			a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>BUTLER, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>007 1/2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Mem. Hosp</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>NANC</u>	b. (Middle) <u>Sue</u>	c. (Last) <u>Boeck</u>	<u>July 14-54</u>		
5. SEX <u>7</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov. 17-52</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BUTLER Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Fredrick Boeck</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Fernwald</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fredrick Boeck Appleton City Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-Virus Pneumonia</u>		DUE TO (b) <u>Butler Encephalitis</u>			<u>1 week</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Brain Stem Encephalitis</u>			<u>24 hr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>10 hr.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		<u>492X</u>
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 <u>July 14, 1954</u> to <u>July 14, 1954</u> , that I last saw the deceased alive on <u>July 14, 1954</u> , and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Carter W. Kuter M.D.</u> (Degree or title)		23b. ADDRESS <u>Butler Mo</u>		23c. DATE SIGNED <u>7/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BUTLER</u>	24d. LOCATION (City, town, or county) (State) <u>BUTLER, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 16-54</u>		REGISTRAR'S SIGNATURE <u>Hendell Kuryak</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wesley Eddy Appleton City Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 1950

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.

Signed Osceola Eckhoff.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3942

P. O. Address Appleton City.....

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.