

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29914

State File No. _____

XC-18405251

RN-7363

FILED SEP 29 1954

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 489

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission.	
a. COUNTY Butler	a. STATE Missouri		b. COUNTY Cape Girardeau
b. CITY OR TOWN Poplar Bluff	c. LENGTH OF STAY (in this place) (township) 4 days	c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		e. STREET ADDRESS (If rural, give location) 1434 Whitener	

3. NAME OF DECEASED (Type or Print)	a. (First) HERBERT	b. (Middle) R.	c. (Last) BOELLER	4. DATE OF DEATH (Month) (Day) (Year) September 18, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 21, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Machinist	10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (City and State or Foreign Country) Old Appleton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME AUGUST BOELLER	13b. MOTHER'S MAIDEN NAME MARTHA RICHTER	14. NAME OF HUSBAND OR WIFE MARIE BOELLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary embolism post operative.	Suprapubic prostatectomy with secondary bleeding mild and anemia.		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Transfusion reaction with mild hemolytic blood changes and probable renal damage.		42 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	(Lower nephron syndrome)		612X

19a. DATE OF OPERATION 9/16/54	19b. MAJOR FINDINGS OF OPERATION Prostate hypertrophy benign	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21. 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) (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 Sept. 14, 1954, to Sept. 18, 1954, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. L. RAMOS, M.D., Ass't. Chief Surgical Ser.	23b. ADDRESS VA Hospital Poplar Bluff, Mo.	23c. DATE SIGNED 9-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Sept 21-54	24c. NAME OF CEMETERY OR CREMATORY Leape	24d. LOCATION (City, town, or county) (State) Cape Girardeau
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DATE REC'D BY LOCAL REG. 9/24/54	REGISTRAR'S SIGNATURE G. D. Muehle	25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home	ADDRESS Cape Girardeau
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

RECEIVED
SEP 27 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

SEP 28 1954

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 _____
Signature of Student Embalmer

Signed *Wallace R. Knight*

Licensed Embalmer No. *45-19*

P. O. Address *412 W. Main St. Bluffton, S.C.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.