

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33541

State File No. _____

FILED NOV 5 - 1954

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|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>119</u> | | PRIMARY REG. DIST. NO. <u>5436</u> | | Registrar's No. <u>26</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>Hermann</u> | | 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 <u>Frene Valley Nursing Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0871</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Danial</u> | | b. (Middle) <u>Boehm</u> | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Se pt. 30/54</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>Mar. 10, 1878</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no occupation</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday) <u>76</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hermann Mo.</u> | |
| 13a. FATHER'S NAME <u>Daniel Boehm Sr.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Boehm</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Max Lloyd Hermann, Mo.</u> ADDRESS _____ | | | |
| 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>CARCINOMA of ESOPHAGUS</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> | |
| | | 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. <u>ARTERIOSCLEROTIC HEART DISEASE</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>150 X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>7-1, 1953</u> to <u>9-30, 1954</u> , that I last saw the deceased alive on <u>9-30, 1954</u> , and that death occurred at <u>8:45 AM.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u> | | | | 23b. ADDRESS <u>HERMANN, MO</u> | | 23c. DATE SIGNED <u>9-30-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 2, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Frene Valley</u> | | 24d. LOCATION (City, town, or county) (State) <u>R. F. D. Hermann, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>10-1-54</u> | | REGISTRAR'S SIGNATURE <u>Delma Geiken</u> | | 25. FEDERAL DIRECTOR'S SIGNATURE <u>Edmund Hermann</u> ADDRESS _____ | | | |

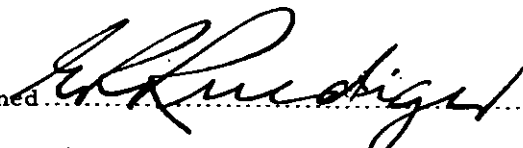
(Licensed Embalmer's Statement on Reverse Side)

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

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 
Licensed Embalmer No. 204

P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.