

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36911

State File No. ....

FILED DEC 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 54-100

1. PLACE OF DEATH a. COUNTY <u>DADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOCKWOOD MO</u>	
c. LENGTH OF STAY (In this place) <u>FOR LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LOCKWOOD MEMORIAL</u>			

3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>	a. (First) <u>W</u>	b. (Middle) <u>R</u>	c. (Last) <u>BOEHNE</u>	4. DATE OF DEATH <u>DEC 3-1954</u>
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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>DEC 22-1883</u>	9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>11</u>	11. DAYS <u>11</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LOCKWOOD MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>LOUIS BOEHNE</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE OBERMEYER</u>	14. NAME OF HUSBAND OR WIFE <u>WENA BOEHNE</u>
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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>ROBERT BOEHNE</u>	ADDRESS <u>LOCKWOOD, MO</u>
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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 <u>9 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congestive Heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heartdisease</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>4x3x</u>	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 February, 1954, to Dec 3rd, 1954, that I last saw the deceased alive on Dec 3rd, 1954, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Max Heilmann M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lockwood, Mo</u>	23c. DATE SIGNED <u>12-4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 5-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Granwood</u>	24d. LOCATION (City, town, or county) (State) <u>Lockwood MO</u>
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DATE REC'D BY LOCAL REG. <u>12-5-54</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. P. Hunsicker</u>	ADDRESS <u>Lockwood, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0290

**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. me

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. L. Hamschick

Licensed Embalmer No. 3734

P. O. Address Lawwood 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.