

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

3937

FILED FEB 21 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 177	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Dontphan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place township) 7 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Washington Twn.)		8150	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) R.R. #R; Wathena			
3. NAME OF DECEASED (Type or Print) a. (First) EUGENE		b. (Middle) HAROLD		c. (Last) BOEH		4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1927	9. AGE (In years) (last birthday) 27	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station		10b. KIND OF BUSINESS OR INDUSTRY Attendant		11. BIRTHPLACE (State or foreign country) Wathena, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. M. Boeh			13b. MOTHER'S MAIDEN NAME Lena Guyerman		14. NAME OF HUSBAND OR WIFE Roselle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korea War		16. SOCIAL SECURITY NO. 489-32-4239		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roselle Boeh-Wathena, Ks.			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe cerebral contusions				7 days	
		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. Depressed compd comm. fracture, left temporal bone.				7 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Compd. comm. fract. left temporal bone				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. Joseph Buchanan Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-8-55 11:04 P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto accid.			
22. I hereby certify that I attended the deceased from 2-4-1955 , to 2-8-1955 , that I last saw the deceased alive on 2-8-1955 , and that death occurred at 1:55 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Howard S. Juck Jr. M.D.				23b. ADDRESS 420 N. 8th St. St. Joseph, Mo.		23c. DATE SIGNED 2/9/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-9-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Wathena, Ks.	
DATE REC'D BY LOCAL REG. Feb 15, 1955		REGISTRAR'S SIGNATURE Lester M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles M. Zerman Harmon Funeral Home-Wathena, Ks.			

(Licensed Embalmer's Statement on Reverse Side)

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

117

0

300
48

MAR 2 1955

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: *Charles M. Forman*

Licensed Embalmer No. 4487

P. O. Address Wathena, Kansas

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.