

FILED OCT 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32740

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State File No.

BIRTH NO.		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>486</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (in this place) <u>12 YRS.</u>		c. CITY OR TOWN <u>SULLIVAN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>313 MANION</u>				d. STREET ADDRESS (If rural, give location) <u>313 MANION</u>			
3. NAME OF DECEASED (First) <u>George</u>		b. (Middle) <u>F.</u>		c. (Last) <u>BOEHM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 16 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG 16, 1970</u>	
9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>0</u>		10. UNDER 4 HRS. Hours <u>0</u> Mins. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>JEFFERSON COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN BOEHM</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA DOMMERT</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA BLES</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 ADDRESS <u>Anna Boehm Sullivan, Mo.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>General arteriosclerosis</u>					
		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>4201</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10/16 55</u> , 19 <u>55</u> , to <u>10/16 55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10/16</u> , 19 <u>55</u> , and that death occurred at <u>3:45 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Delaune M.D.</u>				23b. ADDRESS <u>Sullivan, Mo</u>		23c. DATE SIGNED <u>10/17/55</u>	
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>OCT. 18, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. ANTHONY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>	
DATE RECD BY LOCAL REG. <u>10/17/55</u>		REGISTRAR'S SIGNATURE <u>Thomas J. Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huleator Sullivan, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

