

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30252

FILED SEP 17 1956

STATE FILE NUMBER

Registration District No. **93**

Primary Registration District No. **4153**

Registrar's No. **56-53**

1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood			Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Lockwood			Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Lockwood Memorial INSTITUTION Hospital				Length of stay in lb 8 da		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) WILHELM HEINRICH LUDWIG BOEHNE						4. DATE OF DEATH Month Sept. Day 11 Year 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH March 28 1878		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Washington Co. Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Louis Boehne				14. MOTHER'S MAIDEN NAME Louisa Obermeier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT Mrs. Edna Rohde		Address Lockwood Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Nephrosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 2 weeks sw. years
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from February 54 to Sept 11th 56 and last saw her him alive on Sept 11th 56 Death occurred at Sept 11th 56, 7:58 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Max Heilmann M.D.				22b. ADDRESS Lockwood, Mo		22c. DATE SIGNED 9-13-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Sept. 14, 1956		23c. NAME OF CEMETERY OR CREMATORY Imm. Lutheran Cem.		23d. LOCATION (City, town, or county) (State) Dade Co. Missouri	
24. FUNERAL DIRECTOR Phillips Funeral Home				ADDRESS Golden City Missouri		25. DATE RECD. BY LOCAL REG. 9-14-1956	
26. REGISTRAR'S SIGNATURE J. C. Canada							

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.....
H. H. Bugh

Licensed Embalmer No. 495

P. O. Address Golden, Colo.

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