

FILED FEB 25 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

53683

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 28

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>LAFAYETTE</u>	a. STATE	<u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>
b. CITY (If outside corporate limits, give TOWNSHIP only)	Inside Limits OR TOWN <u>LEXINGTON</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN	<u>CONCORDIA</u> <u>0540</u> 0 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in lb <u>MEMORIAL HOSPITAL</u> <u>23 DAYS</u>	d. STREET ADDRESS (If outside, give location)	Reside on Farm <u>103 GORDON ST.</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH				
<u>EMELIE BOESCHEN</u>			<u>FEBRUARY 11 1957</u>				
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.	
<u>FEMALE</u>	<u>WHITE</u>	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>AUG 4, 1886</u>	<u>70</u>	Months	Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
<u>RETIRED HOUSEWIFE</u>		<u>HOME</u>		<u>CONCORDIA, MO</u>		<u>U.S.A.</u>	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
<u>WILLIAM FLANDERMEYER</u>			<u>CHRISTINA BRUNS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT			
<u>NO</u>		<u>NO</u>		<u>WALTER A. BOESCHEN</u> <u>CONCORDIA, MO</u>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		<u>Immediately</u>	
IMMEDIATE CAUSE (a) <u>Pulmonary embolism</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		<u>6 wks</u>	
DUE TO (b) <u>Myocardial infarction</u>		<u>Second year</u>	
DUE TO (c) <u>Coronary atherosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED?	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
		<u>4201</u>	
20c. TIME OF INJURY		20d. INJURY OCCURRED	
Hour Month, Day, Year a. m. p. m.		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		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 <u>Dec. 4, 1956</u> , to <u>Feb 11, 1957</u> and last saw her alive on <u>Feb 10, 1957</u>	
Death occurred at <u>719 1/2 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
<u>H. S. Brady, M.D.</u>	<u>Concordia, Mo</u>
22c. DATE SIGNED	
<u>2/12/57</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
<u>BURIAL</u>	<u>2-13-57</u>	<u>ST. PAULS</u>	<u>CONCORDIA</u>	<u>MO</u>
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE
<u>E. S. Juma</u>		<u>2-18-57</u>		<u>Maura S. Gault</u>

(Licensed Embalmer's Statement on Reverse Side)

health,
Welfare
public
service300
7-56

All symptoms will be listed. All discharges in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

156-0

FEB 28 1951

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 Mr....., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 20.....

P. O. Address Concord.....

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