FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7316

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY Warren
b. CITY OR TOWN Warrenton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home — Length of stay in 1b: 3 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warren
c. CITY OR TOWN Truesdale 1070 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Henry Middle: William Louis Last: Boekemeier

4. DATE OF DEATH Month Feb. Day 17 Year 1957

5. SEX: Male
6. COLOR OR RACE: White 0
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH: Nov 27, 1877
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 2, Days 20 — IF UNDER 24 HRS.: Hours, Min.

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) 0: Warren Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Henry Boekemeier
13b. MOTHER'S MAIDEN NAME: Charlotte Heuer
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Florenz Schowe, Address: Warrenton, Mo.

MEDICAL CERTIFICATION

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:
IMMEDIATE CAUSE (a) Verdict of Coroner's Jury.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Death due to fire at Katie Jane Home, about 2:35 P.M.
DUE TO (c) Origin of fire undetermined. 9167

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 46

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Burning of Katie Jane Home
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.) Burning home
20f. CITY, TOWN, OR LOCATION Warrenton COUNTY 109 STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dee H. Fuggle (Degree or title) 3 Coroner
22b. ADDRESS Warrenton, Missouri
22c. DATE SIGNED 3-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-23-57
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Warrenton, Missouri

24. FUNERAL DIRECTOR F.W.Nieburg & Co, ADDRESS Warrenton, Mo.
25. DATE RECD. BY LOCAL REG. 3-6-57
26. REGISTRAR'S SIGNATURE Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Doctor, Coroner, etc. must use only printed or typewritten

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John Shieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, Va.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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