

FILED JUN 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH1957 021927
STATE OF MISSOURI

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <i>Morgan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Benton</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Versailles</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Lincoln</i> 1080
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Kidwell Rest Home</i>		Length of stay in lb <i>3 days</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>William Edward Boehmer</i>			4. DATE OF DEATH Month Day Year <i>June 9 1957</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 1 1870</i>
9. AGE (In years last birthday) <i>87</i>		IF UNDER 1 YEAR Months <i>4</i> Days <i>8</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>merchandise</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>dry goods store</i>	11. BIRTHPLACE (City and state or country) <i>Lincoln, mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Frederick A Boehmer</i>	
14. MOTHER'S MAIDEN NAME <i>Mary Keenan</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>J. J. Boehmer Lincoln, mo</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Collapse</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio Sclerotic heart disease</i>			<i>4 yrs</i>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>Senile Dementia</i>			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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED 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 <i>June 7, 1957</i> to <i>June 9, 1957</i> and last saw ^{her} him alive on <i>June 9, 1957</i> Death occurred at <i>6:15 a. m.</i> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. L. Washburn M.D.</i>		22b. ADDRESS <i>Versailles, mo</i>	22c. DATE SIGNED <i>6/9/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>June 12, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Zion Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Lincoln mo</i>
24. FUNERAL DIRECTOR <i>Fred Davis & son</i>	ADDRESS <i>Lincoln</i>	25. DATE RECD. BY LOCAL REG. <i>6-17-57</i>	26. REGISTRAR'S SIGNATURE <i>J. L. Washburn</i>

(Licensed Embalmer's Statement on Reverse Side)

diseases 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

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *James R. Scrimm*

Licensed Embalmer No. 48

P. O. Address *Vernonville,*

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.