

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24003

STATE FILE NUMBER

FILED AUG 1 1957

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 57-49

1. PLACE OF DEATH a. COUNTY <u>Dade</u>			2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lockwood Mo</u>			c. CITY OR TOWN <u>Lockwood Mo</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			d. STREET ADDRESS (If outside, give location) <u>West 6th St</u>		
Length of stay in lb <u>3wks</u>			Reside on Farm Yes ☐ No ☒		
3. NAME OF DECEASED (Type or print) First <u>Adelia</u> Middle <u>Boehne</u> Last <u>Boehne</u>			4. DATE OF DEATH Month <u>July</u> Day <u>20</u> Year <u>1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>April 30, 1890</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			11. BIRTHPLACE (City and state or country) <u>Lockwood Mo.</u>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>usa</u>		
13. FATHER'S NAME <u>Herman Schurman</u>			14. MOTHER'S MAIDEN NAME <u>Mollie Vette</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>448-10-3206B</u>		
17. INFORMANT <u>A.L. Boehne Lockwood Mo.</u>			Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septicemia</u> DUE TO (b) <u>Submaxillary abscess</u> DUE TO (c) <u>537X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Catatonic Psychosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 week</u>
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 <u>5</u> a. m. <u>0</u> p. m. <u>0</u>			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 <u>Lockwood Mo.</u>		
20g. COUNTY <u>Dade</u>			20h. STATE <u>Mo.</u>		
21. I attended the deceased from <u>May 17th 57</u> to <u>July 20th 57</u> and last saw <u>her</u> alive on <u>July 20th 57</u> . Death occurred at <u>3:30</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Max Heilbrunn M.D.</u>			22b. ADDRESS <u>Lockwood, Mo.</u>		
22c. DATE SIGNED <u>7-22-57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 23 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	
23d. LOCATION (City, town, or county) <u>Lockwood Mo.</u>		23e. (State) <u>Mo.</u>			
24. FUNERAL DIRECTOR <u>W. R. Allmon</u>			25. DATE RECD. BY LOCAL REG. <u>7-25-57</u>		
26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Disorders in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 20 1967

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 *W. R. Allison*

Licensed Embalmer No. *4*

P. O. Address *Shenandoah*

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.