

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017251

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 115-116 Primary Registration District No. 3030 Registrar's No. 111

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1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		c. CITY OR TOWN BEAUFORT	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		d. STREET ADDRESS (If outside, give location) R.R. # 1	
3. NAME OF DECEASED (Type or print) First Middle Last HONORENE CECELIA BOEHM		4. DATE OF DEATH Month Day Year MAY 9, 1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 8, 1914
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	11. BIRTHPLACE (City and state or country) LESLIE, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. MOTHER'S MAIDEN NAME ELIZABETH WHALEN	
13a. FATHER'S NAME EDWARD SCHATZ		14. NAME OF HUSBAND OR WIFE JOE BOEHM	
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. 496-32-2191	
17. INFORMANT JOSEPH BOEHM		Address BEAUFORT, 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) <u>Traumatic rupture of liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>of liver</u> 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 18 hrs
20a. ACCIDENT <input checked="" 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>Subject was injured in auto</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>6:30 a.m. 5-10-59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Public Road</u>	
20e. CITY, TOWN, OR LOCATION <u>Union Franklin Mo</u>		20f. COUNTY STATE <u>Franklin MO</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>11:55 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>[Address]</u>	
22c. DATE SIGNED <u>5/11/59</u>		22d. _____	
23a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL		23b. DATE 5-12-1959	
23c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION UNION MO.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME, MO.		25. DATE RECD. BY LOCAL REG. <u>5/11/59</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 19 1958

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 *Ralph Ottmann*

Licensed Embalmer No. *4808*

P. O. Address *Union, Mo*

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.