

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021875

STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 311

300  
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2115 VIRGINIA AVE		Length of stay in 1b 70 YRS	
d. STREET ADDRESS 2115 VIRGINIA AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last LENA J. BOEHNING			4. DATE OF DEATH Month Day Year JUNE 18, 1959
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 10, 1873
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) CROGHAN, NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME ANDREW ZEHR	14. NAME OF HUSBAND OR WIFE DEC'D FRED A. BOEHNING, 1905
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS. ESTHER COBURN, 2604 JOPLIN ST.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Cardio Vascular Renal Disease DUE TO (b) 2. Diabetes Mellitus 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 7-23-47 7-23-47
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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.) Joplin, Jasper, Missouri	
21. I attended the deceased from 7-23-47 to 6-18-59 and last saw her alive on 6-18-59 Death occurred at 2:00 A.m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. B. Kuhn, Jr., M.D.		22b. ADDRESS 321 Frisco Building, Joplin, Mo	
22c. DATE SIGNED 6-19-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-20-59	
23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,		23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 6-25-1959	
26. REGISTRAR'S SIGNATURE Dorice Merriam			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *F. M. Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address *Joplin 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.