URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1959

59-022249
STATE FILE NUMBER

Registration District No. 34 Primary Registration District No. 4349 Registrar's No. 11

NDED

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stover — Length of stay in 1b: 5 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Stover — Inside Limits: Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print): First: Herman Middle: Cort Last: Boatcher
4. DATE OF DEATH: Month: July Day: 4 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 27 1897
9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months 1 Days 7 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (City and state or country): Morgan County
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Herman Boatcher
13b. MOTHER'S MAIDEN NAME: Katie Windler
14. NAME OF HUSBAND OR WIFE: Minnie Boatcher
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: Minnie Boatcher Address: Stover, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary Paralysis	Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Thrombosis	Hours
DUE TO (c)	Arteriosclerosis	Years

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/15/56, to 7/4/59 and last saw ~~her~~ him alive on May 1, 1959
Death occurred at 3 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Howard A. Koffe D.O.
22b. ADDRESS: Stover, Mo
22c. DATE SIGNED: 7/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 6, 1959
23c. NAME OF CEMETERY OR CREMATORY: Stover Cemetery
23d. LOCATION (City, town, or county) (State): Stover, Missouri
24. FUNERAL DIRECTOR: Sterinson Funeral Home ADDRESS: Stover, Mo.
25. DATE RECD. BY LOCAL REG.: July 10 - 1959
26. REGISTRAR'S SIGNATURE: Wm. L. Rippeger

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed James R. Sewin

Signature of Student Embalmer

Licensed Embalmer No. 4880

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.