

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024010

STATE FILE NUMBER

FILED VS JUL 21 1959

Registration District No. 4

Primary Registration District No.

Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Polk Twp.		c. CITY OR TOWN Rock Port.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If outside, give location) Polk Twp	

3. NAME OF DECEASED (Type or print) First Harrison Middle Boettner Last			4. DATE OF DEATH Month 7 Day 17 Year 1959		
5. SEX Male	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 10-3-1888	9. AGE (In years last birthday) 70 Months 9 Days 14 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Atchison Co., Mo.		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Jacob Boettner		13b. MOTHER'S MAIDEN NAME Elizabeth Robenstine		14. NAME OF HUSBAND OR WIFE Maude Zuck Boettner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 487-42-6759		17. INFORMANT Rock Port 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) Massive Cerebral Hemorrhage (old) Cerebral Disease DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH none 4 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4.2.21			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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Feb 1955 to Death and last saw ^{him} her alive on 7/14/59 Death occurred at home on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ralph P. Study M.D. (Degree or title)			22b. ADDRESS Liberty Inn		22c. DATE SIGNED 7/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-20-1959	23c. NAME OF CEMETERY OR CREMATORY Grange Hall Cemetery		23d. LOCATION (City, town, or county) (State) Rock Port, Mo.
--	--	-------------------------------	---	--	--

24. FUNERAL DIRECTOR Batholomew Mortuary, Rockport, Mo.		25. DATE RECD. BY LOCAL REG. July 18, 1959		26. REGISTRAR'S SIGNATURE Merwin J. Schaefer	
---	--	--	--	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

443-0

JUL 27 1959

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 *Eritz Barchatowicz*

Licensed Embalmer No. 3173.....

P. O. Address Rock Port. 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.