...URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1959 — 59-039479 STATE FILE NUMBER

AMENDED

Registration District No. 73 — Primary Registration District No. — Registrar's No. 59-91

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lockwood Mo — Length of stay in 1b: 1wk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Memorial Hospital — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Henry — Middle: Fredrick Wilhelm — Last: Boehne

4. DATE OF DEATH: Month: Dec — Day: 2 — Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Sept9 1877

9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months 2, Days 23 — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): New Minden Ill

12. CITIZEN OF WHAT COUNTRY: usa

13a. FATHER'S NAME: Chris Boehne

13b. MOTHER'S MAIDEN NAME: Wilhelmenia Lillienkamp

14. NAME OF HUSBAND OR WIFE: Caroline VonStroh

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.: none

17. INFORMANT Address: Oscar Boehne Lockwood Mo rtl

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis — 2 years.
DUE TO (c):

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

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

MEDICAL CERTIFICATION

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 7-21-59, to 12-2-59 and last saw her/him alive on 12-2-59.
Death occurred at 7:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Emery Taylor M.D.

22b. ADDRESS: Lockwood, Mo.

22c. DATE SIGNED: 12/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec 6, 1959

23c. NAME OF CEMETERY OR CREMATORY: Immanuel Lutheran

23d. LOCATION (City, town, or county) (State): Lockwood Mo

24. FUNERAL DIRECTOR ADDRESS: Allison Funeral Home Greenfield Mo

25. DATE RECD. BY LOCAL REG.: 12/7/1959

26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JAN 19 19

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. R. Allison

Signature of Student Embalmer

Licensed Embalmer No. 4407

P. O. Address Greenfield In

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