

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000586

FILED VS FEB 9 1961

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 24

STATE FILE NUMBER

AMENDED

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>M<sub>1</sub> Pleasant Township</b>			Length of stay in 1b <b>--</b>	c. CITY OR TOWN <b>Belton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>328th USAF Hospital Richards-Gebaur AFB, Mo</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>403 Colbern</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Donna Marlene Boecker</b>				4. DATE OF DEATH Month Day Year <b>January 29 1961</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cau</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>28Jan61</b>	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min <b>1 1 8</b>		IF UNDER 24 HR Hours Min <b>1 8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NA</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>NA</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Alfred E. Boecker</b>			13b. MOTHER'S MAIDEN NAME <b>Sharon Loretta Chrisman</b>			14. NAME OF HUSBAND OR WIFE <b>--</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NA NA</b>			16. SOCIAL SECURITY NO. <b>NA</b>		17. INFORMANT <b>Alfred E. Boecker</b> Address <b>403 Colbern Belton, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Atelectasis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Unk</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Prematurity</b>							
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>28 January 1961</b> , to <b>29 January 1961</b> and last saw her <b>her</b> <b>PCN</b> <b>active</b> on <b>29 January 1961</b> Death occurred at <b>10:45</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Raymond H. Hellweg, M.D.</i> (Degree or title)				22b. ADDRESS <b>328 USAF Hospital Richards-Gebaur AFB, Mo.</b>			22c. DATE SIGNED <b>29Jan61</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>1/29/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SKYLINE MEMORIAL CEM.</b>		23d. LOCATION (City, town, or county) <b>MONEE, ILL.</b>		(State)
24. FUNERAL DIRECTOR <b>E.K. GEORGE &amp; SONS - BELTON, MO</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>Jan 29-1961</b>		26. REGISTRAR'S SIGNATURE <i>WMA Ray Seber</i>	

(Licensed Embalmer's Statement on Reverse Side)

