

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005029

FILED VS. MAR 6 1961 118

Primary Registration District No.

4190

Registrar's No.

8

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Dasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bland</u>		Length of stay in 1b <u>20 yrs</u>	
c. FULL NAME OF (If not in hospital, give location) <u>AT home</u>		d. STREET ADDRESS (If outside, give location) <u>Bland</u>	
3. NAME OF DECEASED (Type or print) First <u>Theodore</u> Middle <u>Boesch</u> Last <u>Boesch</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>22</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-22-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building Const.</u>	
11. BIRTHPLACE (City and state or country) <u>Swiss - Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Boesch</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Drewell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Maurice Boesch - Belle - Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC ARREST</u> DUE TO (b) <u>CORONARY OCCLUSION</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> 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 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 <u>1:25</u> a.m. <u>1:25</u> p.m. <u>1:25</u> Month, Day, Year <u>2-14-61</u>	
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.) <u>Bland, Mo</u>	
20f. CITY, TOWN, OR LOCATION <u>Bland, Mo</u>		20g. COUNTY <u>Bland</u>	
20h. STATE <u>Mo</u>		21. I attended the deceased from <u>2-14-61</u> to <u>2-21-61</u> and last saw him alive on <u>2-21-61</u> Death occurred at <u>1:25</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Wm. Ledbetter</u>		22b. ADDRESS <u>Bland, Mo</u>	
22c. DATE SIGNED <u>2/24/61</u>		23. NAME OF CEMETERY OR CREMATORY <u>Bland Cemetery, Mo</u>	
23a. LOCATION (City, town, or county) <u>Bland - Mo</u>		23b. DATE <u>2-24-61</u>	
23c. BY AFFIDAVIT OF <u>Charles Sasser</u>		23d. FUNERAL DIRECTOR <u>Charles Sasser</u>	
23e. ADDRESS <u>Bland, Mo</u>		23f. DATE RECD. BY LOCAL REG. <u>February 24, 1961</u>	
23g. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u>		23h. DATE <u>2-24-61</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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

*Chester S. Sasser*

Licensed Embalmer No. 4178  
P. O. Address Blend-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.