

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028825

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 5434 Registrar's No. 214

AMENDED

FILED SEP 11 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>St. Johns Township</u>		Length of stay in lb <u>41 yrs.</u>	c. CITY OR TOWN <u>Washington</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>R.R. E. Washington</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R. E.</u>
3. NAME OF DECEASED (Type or print) First <u>Olivia</u> Middle <u>A.</u> Last <u>Boland</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>8</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/28/1882</u>
9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick Schnier</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Gruenewald</u>	
14. NAME OF HUSBAND OR WIFE <u>Anton A. Boland</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></u>		17. INFORMANT <u>Mrs. Elvin J. Jaeger, Washington, 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>Coronary occlusion</u> DUE TO (b) <u>Arterio-sclerotic heart disease</u> DUE TO (c) <u>age</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>Was had heart block for 7 years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minute</u> <u>7 years</u>	
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></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Nov 1954</u> to <u>Sept 1, 1961</u> and last saw her alive on <u>Sept 1, 1961</u> Death occurred at <u>9:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>L. M. Munch M.D.</u>	
22b. ADDRESS <u>705 E. Washington Mo.</u>		22c. DATE SIGNED <u>9/9/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 11, 1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
24. FUNERAL DIRECTOR <u>Nieburg & Witt Inc. Washington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9/9/61</u>	
26. REGISTRAR'S SIGNATURE <u>L. C. Hudmann</u>			

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 Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Md.

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.