

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036518

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 49

AMENDED

1. PLACE OF DEATH **18 1961**

a. COUNTY **Gasconade**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN _____ Length of stay in 1b _____

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Frene Valley Nursing Home** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo** b. COUNTY **Montgomery**

c. CITY OR TOWN **Rhineland, Mo** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Ludwig George Van Booven**

4. DATE OF DEATH Month Day Year **Oct-7-1961**

5. SEX **M** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-16-1873** 9. AGE (last birthday) **88**

IF UNDER 1 YEAR Months **6** Days **21** IF UNDER 24 HR 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 _____ 11. BIRTHPLACE (City and state or country) **Rhineland, Mo** 12. CITIZEN OF WHAT COUNTRY **U S**

13a. FATHER'S NAME **Henrich Van Booven** 13b. MOTHER'S MAIDEN NAME **Theresa Nortman** 14. NAME OF HUSBAND OR WIFE **Pauline Van Booven**

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. _____ 17. INFORMANT **Aug VanBooven Rhineland, Mo** 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) **Arteriosclerotic heart dislase** INTERVAL BETWEEN ONSET AND DEATH **10 yrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) **Benign prostatic hypertrophy**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes N. Unknown

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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 **11-15-50** to **10-7-61** and last saw **him** alive on **10-6-61**
Death occurred at **9:49 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Carvel T. Shaw, M.D.** 22b. ADDRESS **Hermann, Mo.** 22c. DATE SIGNED **10-9-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Oct-10-1961** 23c. NAME OF CEMETERY OR CREMATORY **St. Joseph Cemetery** 23d. LOCATION (City, town, or county) (State) **Rhineland, Mo**

24. FUNERAL DIRECTOR **D B Baker Rhineland, Mo** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **10-9-61** 26. REGISTRAR'S SIGNATURE **Delma Uffelman**

DATE AMENDED _____
INSTEAD OF _____
DOCUMENT _____
MEDICAL CERTIFICATION _____
BY AFFIDAVIT OF _____
ITEM NO. SHOULD READ _____

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 *D. B. Baker*

Licensed Embalmer No. 3375

P. O. Address New Florence, 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 licensè).

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.