

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000595

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 55 STATE FILE NUMBER

FILED JAN 29 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Cape Girardeau		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		a. STATE Missouri		b. COUNTY Cape Gir.	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 19 N. W. End Boulevard		Length of stay in 1b 7 weeks		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 19 N. W. End Boulevard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 19 N. W. End Boulevard		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First Middle Last Albert Louis Boese			Jan. 18, 1962				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-13-1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Rt. # 1 Gordonville, Mo. U. S. A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Carl Boese			13b. MOTHER'S MAIDEN NAME Amelia Regenhardt		14. NAME OF HUSBAND OR WIFE Bertha Borgfield Boese		
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 Ervin Boese Cape Gir., Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) 1. Cardiac failure							
DUE TO (b) 2. Starved, acute							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Starved (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 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. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>I had not attended him personally. Dead when I arrived.</i> Death occurred at 12:30 am. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John Crow</i>			22b. ADDRESS Cape Girardeau Mo.			22c. DATE SIGNED Jan 19, 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-21-1962	23c. NAME OF CEMETERY OR CREMATOR Russell-Heights Cemetery		23d. LOCATION (City, town, or county) (State) Jackson, Mo.		
24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo.				25. DATE RECD. BY LOCAL REG. 1-23-1962		26. REGISTRAR'S SIGNATURE <i>Gene Kester</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FEB 7 1962

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 _____ Signed W. J. Ford
Signature of Student Embalmer

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, 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.