

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015577

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 118

Primary Registration District No. 4188

Registrar's No. 14

FILED APR 24 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville		c. CITY OR TOWN Owensville	
Length of stay in 1b 8 years		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home Owensville Mo.		d. STREET ADDRESS (If outside, give location) 111 Madison	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last John Jacob Boesch		4. DATE OF DEATH Month Day Year April 20 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH March 9 1879
9. AGE (last birthday) 84		IF UNDER 1-YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Black Smith (retired)		10b. KIND OF BUSINESS OR INDUSTRY Black Smith	
11. BIRTHPLACE (City and state or country) Swiss Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Jacob Boesch		13b. MOTHER'S MAIDEN NAME Dorothea Drewell	
14. NAME OF HUSBAND OR WIFE Emma Boesch (Haeffner)		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 Emma Boesch Owensville Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 20 min.	
DUE TO (b) Chronic Valvular (Mitral) Heart Disease		7 years	
DUE TO (c) Arteriosclerosis		15 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ 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 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 March 31, 1962 to April 20, 1963 and last saw him alive on April 20, 1963		Death occurred at 8 45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E. J. Macaulay (Degree or title)		22b. ADDRESS 405 E. Lincoln Owensville, Mo.	
22c. DATE SIGNED 4-20-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE April 22 1963		23c. NAME OF CEMETERY OR CREMATORY E & R Cemetery	
23d. LOCATION (City, town, or county) Swiss Mo.		24. FUNERAL DIRECTOR Gottenstroeter Funeral Home Owensville Mo.	
25. DATE RECD. BY LOCAL REG. April 22, 1963		26. REGISTRAR'S SIGNATURE Mrs. Maurine Lappmeyer	

USE BLACK INK

OR

TYPEWRITER RIBBON

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,

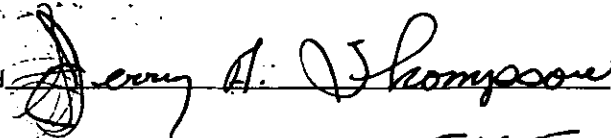
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 5165

P. O. Address Quenerville 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.