

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40619**

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 152	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (In this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural California 66			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) Rural - Walker Township			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) R.		c. (Last) Boeckhaus		4. DATE OF DEATH (Month) (Day) (Year) Dec 19 1949	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar 4 1866	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 7 Days		IF UNDER 12 HRS. Hours 0 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 (State or foreign country) Monteau Co Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Louis Boeckhaus		13b. MOTHER'S MAIDEN NAME Pauline Bicker		14. NAME OF HUSBAND OR WIFE (If dec) Maggie Gilbert Boeckhaus	
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'S SIGNATURE OR NAME Oscar Boeckhaus California Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bronchitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ Arterio-sclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH 3 weeks 4718 Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boonville Cooper Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-2 , 19 49 to 12-19 , 19 49 that I last saw the deceased alive on 12-18 , 19 49 , and that death occurred at 7:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE W. E. Stevens M.D.				23b. ADDRESS Boonville, Mo		23c. DATE SIGNED 12-19-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/21/49		24c. NAME OF CEMETERY OR CREMATORY Boeckhaus Cem		24d. LOCATION (City, town, or county) (State) California Mo	
DATE REC'D BY LOCAL REG Dec 20-1949		REGISTRAR'S SIGNATURE D. Hooper		25. FUNERAL DIRECTOR'S SIGNATURE William's Funeral Home		ADDRESS California Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD!

RECEIVED

DEC 27

District Health Officer No. 8,

District File Number

Date Filed

190-50

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 Student Embalmer

Signed

H. E. Friedmeyer

Licensed Embalmer No.

2854

P. O. Address

California

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 this body is not embalmed, fact should be so stated above.