

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12715

State File No.

FILED MAY 7 1956

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Cole County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monteair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>California</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>Rural - Washen townships</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>MARIE</u> c. (Last) <u>BOECKHAUS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 26 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 22 - 1894</u>	9. AGE (In years last birthday) Months Days <u>61 7 4</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Latham Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Franky Gertz</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Claus</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Boeckhaus</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oscar Boeckhaus California Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glomerulonephritis, acute</u>		<u>1 MO</u>
	ANTECEDENT CAUSES Morbid conditions, if any, going rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia, marked</u> <u>Uremia Pericondritis</u> DUE TO (c) <u>Pneumonia, aspiration</u>		<u>1 WK</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>590x</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-15, 1956 to 4-26, 1956, that I last saw the deceased alive on 4-26, 1956, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ronald A. Clark, M.D.</u>	23b. ADDRESS <u>515 East 10th Jefferson City, Mo</u>	23c. DATE SIGNED <u>4-26-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-28-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brockham Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>
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DATE REC'D BY LOCAL REG. <u>27 April 1956</u>	REGISTRAR'S SIGNATURE <u>R. P. Morris MD - NR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hugh E. Williams California Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 9 1956

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 *Hugh E. Williams*.....

Licensed Embalmer No. *353*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.