

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022224

STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Walker Twp</u> TOWN <u>Walker Twp</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR <u>0680</u> TOWN <u>0680</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>3 mi SW of McHale</u> INSTITUTION				Length of stay in lb		d. STREET ADDRESS <u>3 mi SW of McHale</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>MINNIE</u>				First <u>MINNIE</u> Middle <u>BOEHME</u> Last <u>BOEHME</u>		4. DATE OF DEATH Month <u>June</u> Day <u>2</u> Year <u>1959</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 28, 1877</u>	
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u>		11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY			
13. FATHER'S NAME <u>Joseph Lukasehek</u>				14. MOTHER'S MAIDEN NAME <u>Josephine Verket</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>John Boehme</u> Address <u>California, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4221</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>5 years</u>
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. _____ p. m. Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>Feb 4, 1956</u> to <u>June 2, 1959</u> and last saw her <u>alive</u> on <u>June 1, 1959</u> Death occurred at <u>4 39</u> <u>4</u> m on the <u>date</u> stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Kenneth Latham M.D.</u> (Degree or title)				22b. ADDRESS <u>California, Mo.</u>		22c. DATE SIGNED <u>6-2-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>buried</u>				<u>Salem Evangelical</u>		<u>McHale Mo</u>	
24. FUNERAL DIRECTOR <u>A.E. Wilson</u>		ADDRESS <u>California</u>		25. DATE RECD. BY LOCAL REG. <u>6/3/59</u>		26. REGISTRAR'S SIGNATURE <u>H.L. Popejoy</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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..... *A. E. Wilson*

Licensed Embalmer No. *235*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.