

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED DEC 26 1962

-62-048023

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 4022 Registrar's No. 149

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0890

2 0540

3

4 0

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11 054

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wajayette</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Swamp</u>			Length of stay in 1b <u>3 Mo.</u>		c. CITY OR TOWN <u>Wellington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2 Blocks East 131 &amp; 24 Intersection.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Adolph Theodore Boese</u>						4. DATE OF DEATH Month Day Year <u>December 14, 1962</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/15/1868</u>		9. AGE (last birthday) <u>93</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Cashier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Thompson Cash Register Co.</u>		11. BIRTHPLACE (City and state or country) <u>New Melle, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			
13a. FATHER'S NAME <u>HENRY BOESE</u>				13b. MOTHER'S MAIDEN NAME <u>Augusta Borberg</u>				14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>						16. SOCIAL SECURITY NO. <u>331-16-5768A</u>		17. INFORMANT Address <u>MRS. ALMA BRINKMAN Wellington, Mo.</u>			
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) <u>Pneumonia</u>										<u>10 days</u>	
DUE TO (b) <u>Cardiac Decompensation</u>										<u>4 days</u>	
DUE TO (c) <u>Multiple Fractures</u>										<u>3 Months</u>	
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. 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>9-17-62</u> to <u>12-14-62</u> and last saw <sup>her</sup> him alive on <u>12-13-62</u> Death occurred at <u>9:20 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>W.C. Sheppard</u>						22b. ADDRESS <u>Wellington, Missouri</u>				22c. DATE SIGNED <u>12-15-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-17-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Cemetery Wellington Missouri</u>				23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR <u>W.C. Sheppard Wellington, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-17-1962</u>		26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>					

MAR 5 1963

*M. Permut obtained*

**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 *J. Blair Hayward*

Licensed Embalmer No. 4179

P. O. Address Washington, 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.