

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26183

BIRTH NO. _____		REG. DIST. NO. 47	PRIMARY REG. DIST. NO. 3008	Registrar's No. 278
1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Callaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton 0142		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home 1200 Monroe, Fulton, Mo		d. STREET ADDRESS (If rural, give location) ADDRESS Monroe St 0		
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Christina		c. (Last) Boeger
4. DATE OF DEATH (Month) (Day) (Year) 8 22 1950		5. SEX F / 6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH July 2, 1876		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Near Hermann, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frederick Wm. Klick		
13b. MOTHER'S MAIDEN NAME Anna Beul		14. NAME OF HUSBAND OR WIFE August Boeger		
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'S SIGNATURE OR NAME August Boeger 1200 Monroe, Fulton, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Spastic Coronary Artery + Cardiac Asthma</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiovascular Hypertension with Rheumatoid</i> DUE TO (c) <i>Chronic Cystitis + Nephritis</i> 2. 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		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)
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 <i>April 10, 1948</i> to <i>August 22, 1950</i> , that I last saw the deceased alive on <i>8/22</i> , 1950, and that death occurred at <i>9:55</i> p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>W. H. Payne</i>		23b. ADDRESS <i>R # 6 Fulton</i>		23c. DATE SIGNED <i>8/23-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 25, 1950	24c. NAME OF CEMETERY OR CREMATORY Unity	24d. LOCATION (City, town, or county) (State) Callaway Co Mo
DATE REC'D BY LOCAL REG. Aug. 24-1950		REGISTRAR'S SIGNATURE <i>Muriel Lawrence</i> 426		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wallace Lumberal</i> ADDRESS Home Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 29 1950

RECEIVED

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

*Russell C. Mac*

Licensed Embalmer No. \_\_\_\_\_

48040

P. O. Address \_\_\_\_\_

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