No. 300
10-48

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39644

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6237 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hickory Grove
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hickory Grove
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) Edward c. (Last) Boren

4. DATE OF DEATH (Month) (Day) (Year): Oct 26 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct 3 1894
9. AGE (In years last birthday): 56 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroad Man
10b. KIND OF BUSINESS OR INDUSTRY: Frisco
11. BIRTHPLACE (State or foreign country): St Louis Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Fritzhugh Boren
13b. MOTHER'S MAIDEN NAME: Laura Vomer
14. NAME OF HUSBAND OR WIFE: Clara Boren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 702-03-5517
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mary Lee Mofatt Wright City 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, asthenia, etc.- It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Vascular Coronary Jury

DUE TO (c) Natural Causes — 4214

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death* Family Heart Condition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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): Hickory Grove Warren Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Dr R. L. Kruse (Coroner)
23b. ADDRESS: Warrenton Mo
23c. DATE SIGNED: Oct 26 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 29 1950
24c. NAME OF CEMETERY OR CREMATORY: Wright City Cemetery
24d. LOCATION (City, town, or county) (State): Wright City Missouri

DATE REC'D BY LOCAL REG.: Nov 8-1950
REGISTRAR'S SIGNATURE: Mrs. F. W. Hughes 335
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Nieburg Furn & Und Co Wright City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 14 1950
DISTRICT HEALTH OFFICE No.
File No. ----------
JAN 3 1951

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 Julius J. Nieburg

Licensed Embalmer No. 3366

P. O. Address Wright City M

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.