

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11968

State File No.

264
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>103</u>			
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Boeuf Twp</u>		<u>0370</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. E. Still Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>10 mi. South of Hermann</u>					
3. NAME OF DECEASED (Type or Print) <u>MICHAEL</u>			a. (First)		b. (Middle)		c. (Last) <u>BOESCH</u>		
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>20</u>		(Year) <u>1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug. 6, 1889</u>			
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Swiss, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>Michael Boesch</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Boesch</u>			14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Boesch, Hermann, Mo RFD</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES <u>Wrennia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chronic Glomerulonephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>April 14, 1951</u> , to <u>April 20, 1951</u> , that I last saw the deceased alive on <u>April 20, 1951</u> , and that death occurred at <u>1:10 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. A. Michael D.O. Jefferson City, Mo.</u>				23b. ADDRESS		23c. DATE SIGNED <u>4/20/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boesch Family Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo RFD</u>			
DATE REC'D BY LOCAL REG. <u>April 23-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Darrin M.D. R.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Nugost Dumeal</u>		ADDRESS <u>Hermann, Mo</u>			

ST 100-91

RECEIVED 4-26-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-26-51

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OFFICE OF THE DISTRICT HEALTH OFFICER

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 _____

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.

OFF. HEALTH