

FILED JUL 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22649

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BOEUF		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boeuf 0360	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) GUSTAVE b. (Middle) P c. (Last) BOEHMER			4. DATE OF DEATH (Month) (Day) (Year) 7 15 51		
----------------------------------------------------------------------------------------------------------------	--	--	------------------------------------------------------------	--	--

5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 4 - 1869	9. AGE (In years) (last birthday) 81 (If under 1 year: Months) 7 (If under 12 hrs. Hours) 22 (Min.)	
--------------------	---------------------------	-----------------------------------------------------------------------	---------------------------------------	--------------------------------------------------------------------------------------------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NEAR NEW HAVEN MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
------------------------------------------------------------------------------------------------------------	--	-----------------------------------	--	--------------------------------------------------------------------	--	------------------------------------------	--

13a. FATHER'S NAME ADOLPH BOEHMER		13b. MOTHER'S MAIDEN NAME FRIEDAICKA KIPP		14. NAME OF HUSBAND OR WIFE EMMA HILLEBRENNER	
------------------------------------------	--	--------------------------------------------------	--	------------------------------------------------------	--

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.		17. INFORMANT'S SIGNATURE OR NAME Arthur Boehmer, Franklin Mo		ADDRESS	
----------------------------------------------------------------------------------------------------------	--	-------------------------	--	----------------------------------------------------------------------	--	---------	--

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		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis with hypertension 10 yrs. DUE TO (c)		
II. 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 No 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 **4/29**, 19**48**, to **7/13**, 19**51**, that I last saw the deceased alive on **7/12**, 19**51**, and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE B. P. Wisenmann M.D. (Degree or title)		23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 7/13/51	
--------------------------------------------------------------	--	------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-15-51		24c. NAME OF CEMETERY OR CREMATORY Donals Grove Cem		24d. LOCATION (City, town, or county) (State) near New Haven Mo	
---------------------------------------------------------	--	--------------------------	--	------------------------------------------------------------	--	------------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. 7-14-51		REGISTRAR'S SIGNATURE 93		25. EMERALD DIRECTOR'S SIGNATURE John P. ...		ADDRESS ...	
-----------------------------------------	--	---------------------------------	--	-----------------------------------------------------	--	--------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

360

File No. _____
DISTRICT HEALTH OFFICE No. 4
JUL 17 1951

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Carl G. Pestig*
Licensed Embalmer No. *3385*
P. O. Address *Greenbourn Tr.*

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.