

STANDARD CERTIFICATE OF DEATH

State File No. **32915**DECEASED **31 1951**

BIRTH NO.

REG. DIST. NO. **70**PRIMARY REG. DIST. NO. **4124**Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY Clark			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark		
b. CITY (If outside corporate limits, write RURAL and give township) Kahola		c. LENGTH OF STAY (in this place) 21 days	c. CITY (If outside corporate limits, write RURAL and give township) Rural		d. STREET ADDRESS (If rural, give location) Jackson Trwp.
d. FULL NAME OF HOSPITAL OR INSTITUTION Walt Nursing Home					
3. NAME OF DECEASED a. (First) Ernest b. (Middle) Herman c. (Last) Boerner			4. DATE OF DEATH (Month) (Day) (Year) 10-20-51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-4-1859	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 6 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Frederick W. Boerner		13b. MOTHER'S MAIDEN NAME Condra Ethel Winkler		14. NAME OF HUSBAND OR WIFE Condra Ethel Winkler	
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. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Boerner Kahola 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke of apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. First stroke Apr 12-1950 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sericulture				INTERVAL BETWEEN ONSET AND DEATH 10-22-50
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 352X			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)	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 Apr 12 1850 , to Oct 17 1951 , that I last saw the deceased alive on Oct 17 1951 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Grace L. Gray M.D.			23b. ADDRESS Kahola Mo		23c. DATE SIGNED 10-26-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-22-51	24c. NAME OF CEMETERY OR CREMATORY Gion Cemetery	24d. LOCATION (City, town, or county) (State) Clark Co. Mo.		
DATE REC'D BY LOCAL REG. 10/26/51	REGISTRAR'S SIGNATURE J. A. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred Karb Kahola Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

230
4

OCT 30 1951

Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 10-51
Date Filed: OCT 30 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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.