

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 460

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BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>54</u>				
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Boyer</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>4 mos. 18 days</u>		c. CITY OR TOWN <u>Rock fountain</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>				e. STREET ADDRESS (If rural, give location) <u>Unit 0769</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>			b. (Middle)			c. (Last) <u>Boehm</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 1953</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		
8. DATE OF BIRTH <u>Unknown</u>			9. AGE (In years last birthday) <u>73</u>			IF UNDER 1 YEAR Months <u>?</u> Days <u>?</u>		IF UNDER 24 HRS. Hours <u>?</u> Min. <u>?</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Boehm Sr</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Zerlman</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>			16. SOCIAL SECURITY NO. <u>unk</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital No. 1 Fulton, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>490X</u>								
		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 <u>Senile Psychosis</u>		
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 <u>12 Sept</u> , 19 <u>52</u> , to <u>30 Jan</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>30 Jan</u> , 19 <u>53</u> , and that death occurred at <u>5:30</u> p. m., from the causes and on the date stated above.										
23a. SIGNATURE <u>A. H. Fowler for G.S.W M.D.</u>					23b. ADDRESS <u>Fulton, Mo</u>			23c. DATE SIGNED <u>30 Jan 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/3/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u> Sacred Heart Catholic Cemetery - Rock Fountain, Mo</u>		24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. <u>Feb. 2-1953</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Dulle Burned Home Jefferson City Mo</u>		ADDRESS			

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

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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.....  
Signature of Student Embalmer

Signed.....  
*Sylvester Dulle*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.