

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9333

State File No. _____

FILED MAR 16 1953

REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 50

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

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>		c. LENGTH OF STAY (In this place) <u>8 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		d. STREET ADDRESS (If rural, give location) <u>7th & Lewis St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7th & Lewis St.</u>			d. STREET ADDRESS (If rural, give location) <u>7th & Lewis St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Boland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7th, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 31st, 1862</u>		9. AGE (In years last birthday) <u>90</u> MONTHS <u>9</u> DAYS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming, Own farm.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Haven, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Terschluse.</u>		14. NAME OF DECEASED'S WIFE <u>Boland. Hendrina Lakebrink.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis A. Boland Washington, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> ANTECEDENT CAUSES <u>Pneumonia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>480X</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>Mar 3, 1953</u> , to <u>Mar 7, 1953</u> , that I last saw the deceased alive on <u>Mar 2, 1953</u> and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>Washington Mo</u>		23c. DATE SIGNED <u>3-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 11, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Family Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>(Port Hudson) New Haven, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 9, 1953</u>		REGISTRAR'S SIGNATURE <u>H. Heidman</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>99-0 Hilburg & Vitt, Inc. Washington, Mo.</u>	

FEB 7 1962

AUG 13 1954

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

A. Dieburg

Licensed Embalmer No. *2387*

P. O. Address *Washington, 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.