

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED MAR 17 1954 REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. CITY (If outside corporate limits, write RURAL and give township): Macon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital		d. STREET ADDRESS (If rural, give location) 1044 Jackson	

3. NAME OF DECEASED (Type or Print) a. (First) Berdena b. (Middle) Louise c. (Last) Boedeker		4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1954	
5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 18, 1874
9. AGE (In years last birthday) 79		10. MONTHS 3	11. DAYS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeping	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME (Unknown)	13b. MOTHER'S MAIDEN NAME Louise Meyer	14. NAME OF HUSBAND OR WIFE August Boedeker
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 August Boedeker, Macon, Missouri

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute heart failure in surgery		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal obstruction DUE TO (c) Adhesions from prior surgery		24 H. 5705
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery disease		6 yrs	

19a. DATE OF OPERATION 2-27-54	19b. MAJOR FINDINGS OF OPERATION Adhesions - small bowel obstruction	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 **26 Dec, 1953**, to **2-27, 1954**, that I last saw the deceased alive on **2-27, 1954**, and that death occurred at **3:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Edward M. Johnson MD	(Degree or title)	23b. ADDRESS Macon, Mo	23c. DATE SIGNED 2-1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE March 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Macon, Missouri
DATE REC'D BY LOCAL REG. 3/2/54	REGISTRAR'S SIGNATURE Arthur M. ...	185 FURNERAL DIRECTOR'S SIGNATURE H. ...	ADDRESS Macon, Mo

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

RECEIVED 3.11.54
MAGON COUNTY HEALTH DEPARTMENT
County & No. 3.54.39
Date Filed 3.19.54

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 Howard Myers

Licensed Embalmer No. 4494

P. O. Address Macon 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.