FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16497

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (In this place): 1 day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higginsville
d. STREET ADDRESS (If rural, give location): 203 West 15th

054

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): August
c. (Last): Boedeker

4. DATE OF DEATH (Month) (Day) (Year): May 17 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-26-1890
9. AGE (In years last birthday): 64 — If under 1 year: Months 2, Days 20; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw mill operator
10b. KIND OF BUSINESS OR INDUSTRY: Saw mill — owner
11. BIRTHPLACE (City and State or Foreign Country): Higginsville, MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ernest Boedeker
13b. MOTHER'S MAIDEN NAME: Louise Starkebaum
14. NAME OF HUSBAND OR WIFE: Mrs. Benjamin Boedeker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-36-6627
17. INFORMANT'S SIGNATURE OR NAME: Mrs Benjamin Boedeker — ADDRESS: Higginsville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory collapse & Shock — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocardial infarction — 4 days
DUE TO (c) Arteriosclerotic Heart Disease — 3 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Bronchial asthma and Bronchiectasis — 20 years
Terminally anuric

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1953, *to* May 17th, 1954, *that I last saw the deceased alive on* May 16, 1954, *and that death occurred at* 8 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wilber E. Fulperson M.D.
23b. ADDRESS: Higginsville Mo
23c. DATE SIGNED: 5-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-19-54
24c. NAME OF CEMETERY OR CREMATORY: Evangelical
24d. LOCATION (City, town, or county) (State): Higginsville, Mo.

DATE REC'D BY LOCAL REG.: 5-16-54
REGISTRAR'S SIGNATURE: Mamie E. Eastabrook
25. FUNERAL DIRECTOR'S SIGNATURE: Forrest L. Hoover — **ADDRESS**: Higginsville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
54
0

JUN 24 1958

FEB 17 1955

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 Forrest S. Hoofer

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.