

FILED OCT 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35059

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 318

6940

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

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Leadwood</b>		c. LENGTH OF STAY (in this place) <b>45 Yrs.</b>	c. CITY OR TOWN <b>Leadwood</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Leadwood</b>			e. STREET ADDRESS (If rural, give location) <b>6940</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Valentine</b> b. (Middle) <b>Carson</b> c. (Last) <b>Boen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 12, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 9, 1869</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR: Months <b>0</b> Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Selling</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Isaac Boen</b>		13b. MOTHER'S MAIDEN NAME <b>Celia Robinson</b>		14. NAME OF HUSBAND OR WIFE <b>Sarah Boen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ethel Hitzeman Leadwood, Mo.</b> ADDRESS -----		
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	ANTECEDENT CAUSES 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. <b>Renal disease, hypertension</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>491 X</b>				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 <b>10-8, 1954</b> , to <b>10-12, 1954</b> , that I last saw the deceased alive on <b>10-12, 1954</b> , and that death occurred at <b>4:00 p. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>H. C. Guelke</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>Leadwood, Mo.</b>		23c. DATE SIGNED <b>10-15-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/15/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mitchel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Francois, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Oct. 15, 1954</b>	REGISTRAR'S SIGNATURE <b>Arthur Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bert L. Bayer</b>		ADDRESS <b>Leadwood, Mo.</b>

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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 *William E. Beyer*.....

Licensed Embalmer No. *473*.....

P. O. Address *Leewood, T*.....

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.