

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36548**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1215**

1. PLACE OF DEATH  
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Nebraska** b. COUNTY **Richardson**

b. CITY (If outside corporate limits, write RURAL and give township)  
**St. Joseph**

c. LENGTH OF STAY (In this place)  
**6 days**

c. CITY OR TOWN  
**Falls City**

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION  
**Missouri Methodist Hospital**

e. STREET ADDRESS (If rural, give location)  
**2221 Harlan** **8268**

3. NAME OF DECEASED  
a. (First) **WILLIAM**

b. (Middle) **R.**

c. (Last) **BOOSE**

4. DATE OF DEATH (Month) (Day) (Year)  
**November 7, 1954**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH  
**April 11, 1874**

9. AGE (In years last birthday) (If under 1 year: Months Days) (If under 1 year: Hours Min.)  
**80**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Doctor**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)  
**Salisbury, Penn.**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13a. FATHER'S NAME  
**William Boose**

13b. MOTHER'S MAIDEN NAME  
**Margaret Turner**

14. NAME OF HUSBAND OR WIFE  
**Mabel**

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.  
**Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Mrs. Mabel Boose, 2221 Harlan, Falls City,**

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  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cancer of Bladder**  
NEBRASKA  
INTERVAL BETWEEN ONSET AND DEATH  
**3 mos.**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Cancer of Kidney**  
**10 mos.**  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION  
**Nov 4, 1954**

19b. MAJOR FINDINGS OF OPERATION  
**Cancer of Bladder**

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)  
**180 X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

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 **Nov 3, 1954**, to **Nov 7, 1954**, that I last saw the deceased alive on **Nov 7, 1954**, and that death occurred at **6:35P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**Paul Jorgensen M.D.**

23b. ADDRESS  
**St. Joseph, Mo.**

23c. DATE SIGNED  
**11-9-54**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

24b. DATE  
**Nov 7, 1954**

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)  
**Falls City, Nebraska**

DATE REC'D BY LOCAL REG.  
**Nov 22, 1954**

REGISTRAR'S SIGNATURE  
**Kathleen M. Allison** **4850**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Walter Bowman St. Joseph, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 12 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.....  
Signature of Student Embalmer

Signed Richard D. Collins.....

Licensed Embalmer No. 495

P. O. Address St. Joseph.....

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.