

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11793
1347

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CARROLL	
b. CITY (If outside corporate limits, write R.U.R. and give town) KANSAS CITY		c. LENGTH OF STAY (in this place) 2 DAYS	
c. CITY OR TOWN CARROLLTON		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		STREET ADDRESS (If rural, give location) 0171/1	

3. NAME OF DECEASED a. (First) LEO b. (Middle) PATRICK c. (Last) BOSCHERT		4. DATE OF DEATH (Month) (Day) (Year) MARCH 25, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 22, 1895
9. AGE (in years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (City and State or Foreign Country) NORBORNE, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME WILLIAM H. BOSCHERT		13b. MOTHER'S MAIDEN NAME KATHERINE SIMMS		14. NAME OF HUSBAND OR WIFE ALMA BOSCHERT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. HI. W. I none		17. INFORMANT'S SIGNATURE OR NAME MRS. ALMA BOSCHERT ADDRESS Carrollton Mo	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Rheumatic Valvular		INTERVAL BETWEEN ONSET AND DEATH 4 years
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		b. Heart Disease		
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				414X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 **Mar. 23, 1955** to **Mar. 25, 1955**, that I last saw the deceased alive on **Mar. 24, 1955**, and that death occurred at **5:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. F. Steffen (Degree or title)		23b. ADDRESS 1103 Grand Av. K.C. Mo		23c. DATE SIGNED 3-25-55	
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24a. BURIAL CREMA TION REMOVAL (Specify)		24b. DATE MAR 28 1955		24c. NAME OF CEMETERY OR CREMATORY ST. MARYS CEMETARY		24d. LOCATION (City, town, or county) (State) CARROLLTON, MISSOURI	
DATE REC'D BY LOCAL REG. 3-26-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. J. Allen, Stone & McClure			

(Licensed Embalmer's Statement on Reverse Side)

K.C. Mo.

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

JAN 10 1961

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 *Robert J. D...*

Licensed Embalmer No. *48*

P. O. Address *169*

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.