

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15375

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2077

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY Lafayette	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN HIGGINSVILLE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL STREET ADDRESS 209 E. 12 (If rural, give location)			

3. NAME OF DECEASED (Type or Print) DELMAR		a. (First) C	b. (Middle)	c. (Last) BOEDEKER	4. DATE OF DEATH May 12, 1955 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 11, 1922	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Liquor & Tobacco		11. BIRTHPLACE (City and State or Foreign Country) Higginsville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Otto Boedeker	13b. MOTHER'S MAIDEN NAME Flora Pregar	14. NAME OF HUSBAND OR WIFE Martha
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 487 12 1992	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo.
(If yes, give war or dates of service) WW2		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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema and hyperemia, massive		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bleeding duodenal ulcer		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA	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 **May 9, 1955**, to **May 12, 1955** and that death occurred at **1:50A m.**, from the causes and on the date stated above.

23. SIGNATURE Frank Q. Wingfield M.D. (Degree or title)	23b. ADDRESS VA Hospital, Kansas City, Mo	23c. DATE SIGNED 5/12/55
24a. PORTAL CREMATION REMOVAL (Specify) Removal	24b. DATE May 12, 1955	24c. NAME OF CEMETERY OR CREMATORY City Cemetery
DATE REC'D BY LOCAL REG. 5-13-55	REGISTRAR'S SIGNATURE Neva Minshall	24d. LOCATION (City, town, or county) (State) Higginsville, Missouri
25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomers Sons		ADDRESS 1331 Brush Creek Blvd K.C. Mo

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

2. 1955
NHP

JUN 21 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 *Chester K. Brown*

Licensed Embalmer No. *49*

P. O. Address *KE 7*

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.