

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19495

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4348 PRIMARY REG. DIST. NO. 233 Registrar's No. 10

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Montgomery</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u> <span style="float: right;">0700</span>        |  |
| c. LENGTH OF STAY (in this place) <u>12 years</u>  |  | d. STREET ADDRESS (If rural, give location) <u>North 2Nd. Street</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North 2Nd. Street</u>                               |  |   |  |

|                                     |                           |                          |                            |  |
|-------------------------------------|---------------------------|--------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>WILLIAM</u> | b. (Middle) <u>ANTON</u> | c. (Last) <u>BOETTCHER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1955</u> |
|-------------------------------------|---------------------------|--------------------------|----------------------------|--|

|                    |                               |   |                                      |   |   |                                |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 10 1899</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR (Month) (Day) <u>4 23</u> | IF UNDER 24 HRS. (Hour) (Min.) |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--------------------------------|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance advisor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Farm Bureau</u> | 11. BIRTHPLACE (State or foreign country) <u>Bland, Gasconade, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|--|--|---|--|

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|--|---|---|
| 13a. FATHER'S NAME <u>George Boettcher</u> | 13b. MOTHER'S MAIDEN NAME <u>Christina Michel</u> | 14. NAME OF HUSBAND OR WIFE <u>Edna Boettcher</u> |
|--|---|---|

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|---|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-36-7056</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edna Boettcher</u> <span style="float: right;"><i>Edna Boettcher</i></span> |
|---|---|--|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension Coronary occlusion</u>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>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 | 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) (Min.) | 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 June 29, 1955, to July 2, 1955, that I last saw the deceased alive on June 2, 1955, and that death occurred at 10 a. m., from the causes and on the date stated above.

|   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| 23a. SIGNATURE <u>R. S. H. ...</u> (Degree or title) <u>md.</u> | 23b. ADDRESS <u>Wellsville Mo</u> | 23c. DATE SIGNED <u>July 7 55</u> |
|---|-----------------------------------|-----------------------------------|

|   |                         |  |   |
|---|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/9/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Old Bland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Bland, Gasconade, Mo</u> |
|---|-------------------------|--|---|

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG. <u>7-9-55</u> | REGISTRAR'S SIGNATURE <u>W. S. Romano</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. B. ...</u> ADDRESS <u>Wellsville Mo</u> |
|--|---|--|

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

700

9561 \* E 7MP

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 \_\_\_\_\_

Licensed Embalmer No. 11088

P. O. Address Shelleville 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.