

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37356**BIRTH NO. _____ REG. DIST. NO. **171** PRIMARY REG. DIST. NO. **4266** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellington, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5th. Street & 24 highway		d. STREET ADDRESS (If rural, give location) 5th. Street 24 highway	
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) HENRY c. (Last) BOESE			4. DATE OF DEATH (Month) (Day) (Year) November 19, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 13, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper hanger		10b. KIND OF BUSINESS OR INDUSTRY Self employed	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) New Melle, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Henry Boese		13b. MOTHER'S MAIDEN NAME Augusta Borberg	14. NAME OF HUSBAND OR WIFE None
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. No Record	17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Brinkman ADDRESS Wellington, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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. 331x	
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)		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 12-1-54 , 19____, to 11-19-55 , 19____, that I last saw the deceased alive on 11-14-55 , 19____, and that death occurred at 12:05A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature] D.O.		23b. ADDRESS Wellington, Mo.	23c. DATE SIGNED 11-19-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-20-55	24c. NAME OF CEMETERY OR CREMATORY St. Lukes Evangelical	24d. LOCATION (City, town, or county) (State) Wellington, Missouri
DATE REC'D BY LOCAL REG. 11-19-55	REGISTRAR'S SIGNATURE [Signature]	453	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Sheppard ADDRESS Wellington, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Clair Shappard
.....
Licensed Embalmer No. *4179*

Signed.....
Student Embalmer

P. O. Address *Wilmington, N.C.*

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.