

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12758

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 59

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cooper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u> | | c. CITY OR TOWN <u>Boonville</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>3 Days</u> | | e. STREET ADDRESS (If rural, give location) <u>311 Main St. (Rear) 02730</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> | | | |

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|-------------------------------------|---------------------------|------------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Charles</u> | b. (Middle) <u>Alexander</u> | c. (Last) <u>Boller</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1956</u> |
|-------------------------------------|---------------------------|------------------------------|-------------------------|--|

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|--------------------|-------------------------------|--|--------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>July 20 1882</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|--|--------------------------------------|---|---|--|

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|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>William Boller</u> | 13b. MOTHER'S MAIDEN NAME <u>Paulina Zschirpe</u> | 14. NAME OF HUSBAND OR WIFE <u>-----</u> |
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|---|--------------------------------------|---|----------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>-----</u> | 16. SOCIAL SECURITY NO. <u>-----</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Boller, Boonville, Mo.</u> | ADDRESS <u>-----</u> |
|---|--------------------------------------|---|----------------------|

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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> | | <u>1 day</u> |
| | 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. <u>Fractured hip</u> | | <u>3 days.</u> | |

| | | |
|------------------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------|----------------------------------|--|

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| 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) <u>027</u> (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 4-27-1956, to 4-29-1956, that I last saw the deceased alive on 4-29-1956, and that death occurred at 12:55 P m., from the causes and on the date stated above.

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|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>T. C. Beckett md</u> (Degree or title) | 23b. ADDRESS <u>Boonville Mo</u> | 23c. DATE SIGNED <u>4-30-56</u> |
|--|----------------------------------|---------------------------------|

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|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 1 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u> |
|---|-----------------------------|--|---|

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|---|--|--|----------------------|
| DATE REC'D BY LOCAL REG. <u>4/30/56</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Boller, Boonville, Mo.</u> | ADDRESS <u>-----</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

810

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 *William W. Wood*.....

Licensed Embalmer No. 4539.....

P. O. Address Boonville, M.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.