

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30599**

Registrar's No. **3801**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3801

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 0	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION THE MENORAH MEDICAL CENTER		e. STREET ADDRESS (If rural, give location) 5200 WOODLAND	

3. NAME OF DECEASED (Type or Print) a. (First) MAE	b. (Middle)	c. (Last) BOEHM	4. DATE OF DEATH (Month) (Day) (Year) 8 28 56
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7-8-85	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Shawnee Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. DECEASED'S NAME (Last, first, middle) MAE BOEHM	13b. MOTHER'S MAIDEN NAME MARY ANN VAN HEPPECKE	14. NAME OF HUSBAND OR WIFE FRANK BOEHM
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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. none	17. INFORMANT'S SIGNATURE OR NAME MRS ALMA HUGHES	ADDRESS 5200 Woodland
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BRONCHO PNEUMONIA		89040
	ANTECEDENT CAUSES DUE TO (b) fracture right hip Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC DILATATION GENERALIZED VISCERAL HYPERMIA			

19. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1 2 3	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-7-56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall in home (m.m.o.)
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 8/28, 1956, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE William Lowe Mundy, M.D. (Degree or title)	23b. ADDRESS 1103 Grand	23c. DATE SIGNED 8-29-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 30-56	24c. NAME OF CEMETERY OR CREMATORY HOLY CROSS Cemetery	24d. LOCATION (City, town, or county) (State) Topeka Kansas
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DATE REC'D BY LOCAL REG. 8-30-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Muehlebach Funeral Home	ADDRESS 1200 Road
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

9404-00000
-4075

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.....
Richard L. Vukobrat

Licensed Embalmer No. 4887

P. O. Address. 6000 Road

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.