

300
1-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20085

STATE FILE NUMBER

FILED JUN 17 1957

42

1000

623

37494-57 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan-				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph 0117		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.				Length of stay in lb 1 day		d. STREET ADDRESS (If outside, give location) 3504 Doniphan Ave.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Michael Thomas Boos						4. DATE OF DEATH Month Day Year June 3, 1957								
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 2, 1957		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri 0			12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Albert James Boos						14. MOTHER'S MAIDEN NAME Margaret Mary Doolan								
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 Address Albert J. Boos, St. Joseph, Missouri								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH Life				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 776X											
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from Birth (6.2.57) to 6.3.57 and last saw him alive on 6.3.57 Death occurred at 9:20 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) H. E. Wachter M.D. 0						22b. ADDRESS Kempatuck Bldg City			22c. DATE SIGNED 6/5/57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE June 4, 1957		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet			23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.						
24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman Inc. St. Joseph, Mo.					25. DATE RECD. BY LOCAL REG. June 6, 1957			26. REGISTRAR'S SIGNATURE Bethel M. Allison						

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

485
0

#912

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.....
Licensed Embalmer No.. 4879

P. O. Address St.. Joseph..

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