

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

'57 022079
State File No.

FILED JUN 12 1957

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>57</u>			
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Perryville</u>)		c. LENGTH OF STAY (in this place) <u>6 Weeks</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry County Mem. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Central Township</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilhilmine</u>			b. (Middle) <u>K</u>			c. (Last) <u>Boxdorfer</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1957</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug 14 1910</u>			9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months _____ Days _____		IF OVER 1 YR. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Diemund</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Bangert</u>			14. NAME OF HUSBAND OR WIFE <u>Leonard Boxdorfer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Boxdorfer</u>			ADDRESS <u>Perryville Mo Rt</u>	
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) <u>Carcinoma of Breast metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>	
19a. DATE OF OPERATION <u>4/24/57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Breast 170X</u>						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 <u>4/24/57</u> , 19 <u>56</u> , to <u>5/28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5/28/57</u> , 19 <u>57</u> , and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. A. [Signature]</u> (Degree or title) <u>D.D.</u>				23b. ADDRESS <u>Perryville, Mo</u>				23c. DATE SIGNED <u>5/29/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 31 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-4-57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville Mo</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

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1956 8 NW

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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 *Wallace Young*

Licensed Embalmer No. *402*

P. O. Address *Perryville*

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.