

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31218**

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>321</u>			
1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u>				b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY 0</u>			c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WESTPHALIA, MO.</u>			<u>0760</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>WASHINGTON TOWNSHIP</u>					
3. NAME OF DECEASED (Type or Print) <u>CONRADINE</u>			a. (First)		b. (Middle) <u>BOESSEN</u>		c. (Last)		
4. DATE OF DEATH <u>OCT. 5, 1957</u>				5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>Dec. 26, 1868</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u>		IF UNDER 24 HRS. Hours <u>9</u> 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 (State or foreign country) <u>Loose Creek, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Haslag</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Backers</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs Joseph Boesseneburg</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Leo Boemher</u>				ADDRESS <u>Freeburg, Mo.</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				ANTECEDENT CAUSES <u>arterio-sclerotic heart disease - hypertension</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____				DUE TO (c) <u>Senility & Diabetes</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) (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 <u>May, 1957</u> , to <u>Oct 5, 1957</u> , that I last saw the deceased alive on <u>Oct. 4, 1957</u> , and that death occurred at <u>7:50 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. Quaman MD</u>				23b. ADDRESS <u>Jeff. city - Mo.</u>		23c. DATE SIGNED <u>10-5-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/8/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Westphalia, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>8 Oct 1957</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis, MD MR.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Levester Dulle</u>				ADDRESS <u>J.C. Mo.</u>

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

68-6

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
Student Embalmer

Signed _____

Sylvester Dulle

Licensed Embalmer No. _____

4321

P. O. Address _____

Jefferson City, Mo

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.