

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006470

FILED FEB 19 1958

Registration District No. 209 Primary Registration District No. 4320 Registrar's No. 1-9

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Palmyra		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 124 N. East St.			Length of stay in lb 11 weeks		d. STREET ADDRESS (If outside, give location) 124 N. East St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Katherine Middle C. Last Boettcher				4. DATE OF DEATH Month Jan. Day 28 Year 1958				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 25 April 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.		
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 country) Marion County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Frederick Voepel				14. MOTHER'S MAIDEN NAME Marie Schreiber				
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 Erwin Boettcher, Palmyra, 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) Bronchial pneumonia DUE TO (b) Infirmities of old age DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 1 da. 3-4 yrs		
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.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____								
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 Palmyra Mo		COUNTY STATE		
21. I attended the deceased from 1955 to Jan 24, 1958 and last saw her Jan 25, 1958 alive on Jan 25, 1958 Death occurred at 3:00 pm on the date stated above; and to the best of my knowledge from the causes stated.								
22a. SIGNATURE (Degree or title) J. J. Hill M.D.				22b. ADDRESS Palmyra Mo		22c. DATE SIGNED 2/14/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 31 Jan. 1958	23c. NAME OF CEMETERY OR CREMATORY West Ely Cemetery		23d. LOCATION (City, town, or county) (State) West Ely, Marion County, Mo			
24. FUNERAL DIRECTOR ADDRESS Lewis Brothers, Palmyra, Mo.				25. DATE RECD. BY LOCAL REG. 2-14-58		26. REGISTRAR'S SIGNATURE By Vicki Green, Deputy		

health, Welfare public service 0640 300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
87

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED FEB 19 1958
MARION CO. HEALTH DEPT.
DATE FILED FEB 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George M. Lewis*

Licensed Embalmer No... 48

P. O. Address Palmyra, Pa.

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.