

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021808  
State No. 3053

FILED JUL 14 1958

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3053

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Miami</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>39 days</b>	c. CITY OR TOWN <b>Hillsdale 850</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Lukes Hospital</b>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b> b. (Middle) <b>Mary</b> c. (Last) <b>Boehm</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 17 58</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>6-23-85</b>
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SHAWNEE, KANSAS</b>
12. CITIZEN OF WHAT COUNTRY? <b>US.</b>		13a. FATHER'S NAME <b>Michael Loercher</b>	
13b. MOTHER'S MAIDEN NAME <b>Christina Rentchler</b>		14. NAME OF HUSBAND OR WIFE <b>Lloyd Boehm</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Lloyd Boehm</b>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatic fever -</b> DUE TO (c) 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>90 yrs.</b>	
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 <b>May 15, 1953</b> , to <b>June 17, 1958</b> , that I last saw the deceased alive on <b>June 17, 1958</b> , and that death occurred at <b>6:50 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. A. Slentz, M.D.</b>		23b. ADDRESS (Degree or title) <b>4620 Nichols Parkway K.C. Mo.</b>	
23c. DATE SIGNED <b>6/17/58</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>6-19-58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holy Cross</b>	
24d. LOCATION (City, town, or county) (State) <b>Paula, Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ray Wilson + Son</b>	
DATE REC'D BY LOCAL REG. <b>6-19-58</b>		ADDRESS <b>Paula, Kans.</b>	

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

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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..

*Removed to Paola Kansas*  
*Wilson & Son Funeral*

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.