

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040421

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 228

300  
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Diamond 0736	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hosp.		d. STREET ADDRESS (If outside, give location) 2 Mi. South Diamond	
Length of stay in lb 3 hrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Mark A. Boehning			4. DATE OF DEATH Month Day Year Nov. 18, 1958		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 19, 1891	9. AGE (In years less birthday) 67	IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Diamond, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John E. Boehning		13b. MOTHER'S MAIDEN NAME Lucy J. Doty	
14. NAME OF HUSBAND OR WIFE Nelle Boehning		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war and dates of service) Yes World War I		16. SOCIAL SECURITY NO.	
17. INFORMANT Nelle Boehning		Address Rt. 1 Diamond, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the Abdomen</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 1/2.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Injury 1918</u>		
DUE TO (c) <u>Pneumonia 1992</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <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 Aug. 13, 1955 to Nov. 18, 1958 and last saw him alive on Nov. 18, 1958 Death occurred at 24 McCune Brooks Hosp. in on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>W. S. Neosho, M.D.</u>	22b. ADDRESS <u>W. S. Neosho, Mo.</u>	22c. DATE SIGNED <u>Nov. 28, 1958</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery	23d. LOCATION (City, town, or county) (State) Diamond, Missouri
24. FUNERAL DIRECTOR Clark Funeral Home Neosho, Mo.	25. DATE RECD. BY LOCAL REG. 12-3-58	26. REGISTRAR'S SIGNATURE <u>W. S. Neosho</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 18 1958

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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 *Fred L. Clark* .....

Licensed Embalmer No. *5056*

P. O. Address *312 So Wood  
Russell, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.