

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000254

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1 000 Registrar's No. 136

300 0
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0117 0
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		Length of stay in 1b 14 years.	d. STREET ADDRESS (If outside, give location) 1801 N. 31st Street
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Charles	Middle Herbert	Last Boxmeyer	4. DATE OF DEATH	Month February	Day 1	Year 1959.
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5. SEX Male <input checked="" 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 August 7, 1908	9. AGE (In years at birth) 50	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Mgr and Co-Owner	10b. KIND OF BUSINESS OR INDUSTRY General Marine Co.	11. BIRTHPLACE (City and state or country) Palo Alto, Calif.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles H. Boxmeyer	13b. MOTHER'S MAIDEN NAME Emily Van Antwerp	14. NAME OF HUSBAND OR WIFE Lorraine E. Boxmeyer
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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. 092-01-4681	17. INFORMANT Address Mrs. Lorraine E. Boxmeyer St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bleeding esophageal varices</i>		INTERVAL BETWEEN ONSET AND DEATH 38 hours
DUE TO (b) <i>Portal Cirrhosis of the liver</i>		
DUE TO (c) _____		years.
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 checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from 2/15/57 to 2/17/59 and last saw her alive on 2/17/59 Death occurred at 10:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Caryl A. Potter, Jr. M.D.</i>	22b. ADDRESS Phy. & Surg. Bldg.-St. Joseph, Mo.	22c. DATE SIGNED 2/3/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Febr. 4, 1959.	23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	23d. LOCATION (City, town, or county) (State) Holden, Missouri.
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24. FUNERAL DIRECTOR <i>Preiserhoffer, Felleman, Jr.</i>	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Feb 5, 1959	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>
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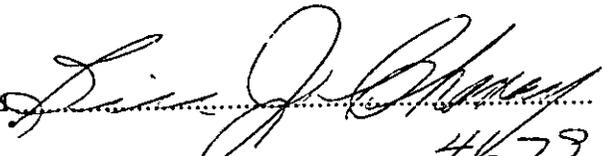
All diagnoses in Part I must be equally related.
 Dr. Caryl A. Potter, Jr.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

MAR 5 1959

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 
Licensed Embalmer No. 4679
P.O. Address.... St. Joseph, 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.