

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018459

FILED JUN 11 1959

Registration District No. 211 Primary Registration District No. 4324 STATE FILE NUMBER Registrar's No. 21-59

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| 1. PLACE OF DEATH a. COUNTY Miller | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Missouri Miller | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Elizabeth | | c. CITY OR TOWN St. Elizabeth | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 066 |
| 3. NAME OF DECEASED (Type or print) First Henry Middle H Last Boeckmann | | 4. DATE OF DEATH Month May Day 29 Year 1959 | |
| 5. SEX Male | 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 Oct 23, 1884 |
| 9. AGE (In years and birthday) 74 | IF UNDER 1 YEAR Months 7 Days 14 | IF UNDER 24 HRS Hours 14 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Keeltztown Mo. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Steve Boeckman | | 13b. MOTHER'S MAIDEN NAME Mary Tyree | 14. NAME OF HUSBAND OR WIFE Theresa Dubbert |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Theresa Boeckman St. Elizabeth, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma prostate metastatic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH 3 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 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 _____ 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 May 2/59 to May 9/59 and last saw ^{her} _{him} alive on May 29/59 Death occurred at 6:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Dean A. Daylen M.D. | | 22b. ADDRESS Jefferson City Mo | 22c. DATE SIGNED 6-2-59 |
| 23a. BURIAL, CREMATION, REBURY (Specify) Burial | 23b. DATE 6/1/59 | 23c. NAME OF CEMETERY OR CREMATORY St. Lawrence | 23d. LOCATION (City, town, or county) (State) St. Elizabeth, Mo |
| 24. FUNERAL DIRECTOR Hedges Funeral Homes Iberia, Mo | | 25. DATE RECD. BY LOCAL REG. June 4, 1959 | 26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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JUN 1 1959

Miller County
Health Department

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 *Walter P. Nedges*

Licensed Embalmer No. *4265*
P. O. Address *Sumner, 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.