

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026730

FILED VS AUG 8 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3795

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Iowa</u> b. COUNTY <u>Pottawatomie (Commission)</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas city mo</u>		Length of stay in 1b <u>1 month</u>		c. CITY OR TOWN <u>Council Bluff</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Seraldine</u> Middle <u>Boehm</u> Last <u>Boehm</u>				4. DATE OF DEATH Month <u>July</u> Day <u>21</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-9-21</u>		9. AGE (last birthday) <u>39</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Council Bluffs, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>					
13a. FATHER'S NAME <u>Herman Boehm</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Young</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Edwin Boehm</u>		Address <u>Kansas City, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Hypertension of coronary arteries with myocardial insufficiency + pulmonary edema</u>										<u>1 wk.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypoadrenalism</u>													
DUE TO (c) <u>Hypoadrenalism</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 <u>Month</u> Day Year a.m. p.m.		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		COUNTY		STATE			
21. I attended the deceased from <u>7-13-60</u> to <u>7-21-60</u> and last saw her <u>her</u> alive on <u>7-21-60</u> Death occurred at <u>9:55 AM.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>A. Q. [Signature]</u> (Degree or title)						22b. ADDRESS <u>1037 E. 75, TCMO.</u>			22c. DATE SIGNED <u>7-21-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-21-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls E. & R. Cem.</u>				23d. LOCATION (City, town or county) (State) <u>Council Bluff Iowa</u>					
24. FUNERAL DIRECTOR <u>Wornall Funeral Home, Inc. KC Mo</u> ADDRESS						25. DATE RECD. BY LOCAL REG. <u>7-23-60</u>		26. REGISTRAR'S SIGNATURE <u>Irene Marshall</u>					

DOCUMENT

BY AFFIDAVIT OF H. R. Lyddon, M.D., Medical Certification

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Russell N. France

Licensed Embalmer No. 425

P. O. Address K.C.M.

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.