

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5661-61-040934  
STATE FILE NUMBER

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

FILED DEC 1 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 25 YEARS	c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOWNTOWN HOSPITAL	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 111 1/2 WEST 9th ST.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last HARRY MELVIN BOESCH	4. DATE OF DEATH Month Day Year NOVEMBER 11 1961
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-26-1902	9. AGE (last birthday) 59 YEARS	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOTEL WORKER	10b. KIND OF BUSINESS OR INDUSTRY PHILLIPS HOTEL	11. BIRTHPLACE (City and state or country) PLATTSVILLE, WISC.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME HENRY BOESCH	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
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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	17. INFORMANT Address MRS. MAE BEERNING, MEDIAPOLIS IOWA
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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) Respiratory failure with emphysema secondary to surgical repair of evisceration DUE TO (b) Ruptured gastric ulcer Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 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		INTERVAL BETWEEN ONSET AND DEATH few hours 9 days
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

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
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21. I attended the deceased from 11-2-61 to 11-11-61 and last saw her/him alive on 11-11-61  
Death occurred at 10:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Multhauf (Degree or title)	22b. ADDRESS 222 McGee, Kansas City, Mo.	22c. DATE SIGNED 11-13-61
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23a. BURIAL, CREMATION, REMOVAL, (Specify)	23b. DATE NOV. 13, 1961	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
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24. FUNERAL DIRECTOR ADDRESS MUEHLEBACH 6800 TROOST AVE.	25. DATE RECD. BY LOCAL REG. 11-13-61	26. REGISTRAR'S SIGNATURE Ruth Long
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF J. Multhauf MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

NO. 1 OF 1918

C. S. Matthews, M.D.

1222 Ave. 50th

H A 1 - 23 89

Completed this morning

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 C. S. Matthews

Licensed Embalmer No. 4421

P. O. Address R.C. 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.