

Dr. Hanss
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023880

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 906

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JUN 17 1963

1. PLACE OF DEATH
 a. COUNTY GREENE
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Length of stay in 1b 79 YRS.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSP. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY GREENE
 c. CITY OR TOWN FAIRGROVE Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
MARGARET JANE BOEGEL
 (Type or print)

4. DATE OF DEATH Month Day Year
JUNE 12 1963

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married
 Widowed Divorced

8. DATE OF BIRTH 2/28/84 9. AGE (last birthday) 79 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) GREENE COUNTY, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN F. COX 13b. MOTHER'S MAIDEN NAME PHOEBE HINES 14. NAME OF HUSBAND OR WIFE HARVEY BOEGEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Address MRS. JOHN C. OWEN, SPRINGFIELD, 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) Internal obstruction Cause undet. INTERVAL BETWEEN ONSET AND DEATH 12 hrs
 (b) Pulmonary emphysema years
 (c) Arteriosclerotic Heart Disease years
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 1950 to June 12, 1963 and last saw her alive on June 12, 1963
 Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Hanss M.D. 22b. ADDRESS Springfield Mo 22c. DATE SIGNED 6-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 6/16/63 23c. NAME OF CEMETERY OR CREMATOR PLEASANT RIDGE CEM. 23d. LOCATION (City, town, or county) (State) NEAR FAIRGROVE, MO.

25. DATE RECD. BY LOCAL REG. 6-14-63 26. REGISTRAR'S SIGNATURE Effie G. Mellon

24. FUNERAL DIRECTOR ADDRESS H.H. LUHMEYER FUNERAL HOME SPRINGFIELD, MO.

USE BLACK INK OR TYPEWRITER RIBBON

Permit 6-13-63

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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 Lucius T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, 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.