

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029607

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 366 Primary Registration District No. 3059 Registrar's No. 301

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 18 1963

VS 300
Rev. 4/59

1 0941

2 0941 2

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4 0

5 1

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7 0

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9 199.2

10

11

12 90.0

13 7.0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 50 yrs	c. CITY OR TOWN Bonne Terre
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 507 S. Norwine St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 507 S. Norwine
3. NAME OF DECEASED (Type or print) First Carl Middle Herman Last Bockenkamp		4. DATE OF DEATH Month July Day 5 Year 1963	
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 Sept 25, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Co	9. AGE (last birthday) = 74
11a. FATHER'S NAME Fred Bockenkamp		11b. MOTHER'S MAIDEN NAME Sophia Bockenkamp	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12b. SOCIAL SECURITY NO. 559	
13. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis of		14. NAME OF HUSBAND OR WIFE Fannie Strong	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) undetermined origin		15. INFORMANT Fannie Bockenkamp, 507 S. Norwine	
DUE TO (c)		16. SOCIAL SECURITY NO. 559	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour 4:50 a.m. P Month, Day, Year 7-5-63		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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.)	
21. I attended the deceased from 7-5-63 to 7-5-63 and last saw him alive on July 5, 1963		20f. CITY, TOWN, OR LOCATION Bonne Terre, Mo.	
Death occurred at 4:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.		21. BIRTHPLACE (City and state or country) St Genevieve County US	
22. SIGNATURE (Degree or title) Marvin J. Haw J. M. D. Bonne Terre Mo		22c. DATE SIGNED 7/12/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jul 8, 1963	
24. FUNERAL DIRECTOR C. Z. Boyer & Son, Inc. Bonne Terre, Mo.		23c. NAME OF CEMETERY OR CREMATORY Germania	
25. DATE RECD. BY LOCAL REG. July 13, 1963		23d. LOCATION (City, town, & county) Bonne Terre, Mo.	
26. REGISTRAR'S SIGNATURE Gether Rudloff		26. REGISTRAR'S SIGNATURE	

USE BLACK INK OR TYPEWRITER RIBBON

MAR 31 1964

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 Barth T. Boyer JR

Licensed Embalmer No. 5117

P. O. Address Bonneton, 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.