

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32911

State File No.

BIRTH NO. 62900-49 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> (<u>1</u> township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City</u> <u>55</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Vincent Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) <u>Linda</u>	a. (First) <u>Linda</u>	b. (Middle) <u>Susan</u>	c. (Last) <u>Boursheski</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-5-49</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>10-5-49</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Thomas Boursheski</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Francis Dane</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thomas Boursheski - Pierce City, Mo</u>	ADDRESS <u>Pierce City, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH
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ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Renal failure (6 months)</u>
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DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., if or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-5, 1949, to 10-5, 1949 that I last saw the deceased alive on 10-5, 1949, and that death occurred at 11:37pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank R. ...</u> (Doctor or title)	23b. ADDRESS <u>Monett, Mo</u>	23c. DATE SIGNED <u>10/5/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Pius Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-13-49</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur ...</u>	ADDRESS <u>Pierce City, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.485
2
1

RECEIVED OCT 14 1949

District Health No. 6,

District File Number 1049-1136

Date Filed 10-24-49

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 _____

Edwin P. Wilks
working under my personal supervision.

Student Embalmer No.

Signed Edwin P. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address Perse City 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 this body is not embalmed, fact should be so stated above.