

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11754

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Old Mines-Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Old Mines-Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Mines</u>		d. STREET ADDRESS (If rural, give location) <u>Old Mines 1100</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROUSAN</u> b. (Middle) <u>F.</u> c. (Last) <u>BOURISAW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 13 1950</u>		
5. SEX <u>U</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec. 6 1871</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Todjue Bourisaw</u>		13b. MOTHER'S MAIDEN NAME <u>HANNAH BOYER</u>		14. NAME OF HUSBAND OR WIFE <u>LENORA BOURISAW</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'S SIGNATURE OR NAME ADDRESS <u>Leo Bourisaw 2356 A So 10th St St. Louis, Mo</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u>			
		DUE TO (c) <u>Anterior scleritis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Mar. 1, 1948, to Mar. 13, 1950, that I last saw the deceased alive on Mar. 1, 1950, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Phuman M.D.</u>		23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>3-13-1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Ms</u>		24d. LOCATION (City, town, or county) (State) <u>Old Mines Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3/15/50</u>		REGISTRAR'S SIGNATURE <u>Hubert Rudal</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyer Funeral Home Potosi, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1100

RECEIVED

MAR 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-417

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

Student Embalmer

Signed

Howard Higginbotham

Licensed Embalmer No. 4578

P. O. Address Potosi, 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.