

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35830**

**FILED OCT 19 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 72

0951

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

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ste. Genevieve, Mo</u>		c. LENGTH OF STAY (in this place) <u>13 yrs</u>	c. CITY (If outside corporate limits; write RURAL and give township) OR TOWN <u>Ste. Genevieve, Mo</u> <u>0951</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>163 Merchant, St</u>			d. STREET ADDRESS (If rural, give location) <u>163 Merchant, St</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>		b. (Middle) <u>PATRICK</u>	c. (Last) <u>BOVERIE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1950</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 17, 1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) <u>Manager (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>	11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve, Mo</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John L. Boverie</u>		13b. MOTHER'S MAIDEN NAME <u>Adeliade Conners</u>		14. NAME OF HUSBAND OR WIFE <u>Clementine Bond</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>Mrs. Margery Bussen, Ste. Genevieve, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Carcinoma of Prostate Gland with Metastasis in Gall Bladder in Liver</u> ANTECEDENT CAUSES: <u>Chronic Myocarditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Prostate Gland with Metastasis in Gall Bladder and Liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>153X</u>
19a. DATE OF OPERATION <u>May 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate Gland with Metastasis in Gall Bladder and Liver</u>				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 <u>May 1950</u> to <u>Oct 3, 1950</u> , that I last saw the deceased alive on <u>Sept 24, 1950</u> , and that death occurred at <u>12:20</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. Tommerford M.D.</u>		23b. ADDRESS <u>Crystal City, Mo</u>		23c. DATE SIGNED <u>Oct 4-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 7-1950</u>	REGISTRAR'S SIGNATURE <u>Herma M. Karl-Deplo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herma M. Karl-Deplo, Ste. Genevieve, Mo</u>		

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 11 1950

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....  
*Jerome H. Stanton*

Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, 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.