

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26479**

BIRTH NO. _____		REG. DIST. NO. 86a		PRIMARY REG. DIST. NO. 4149		Registrar's No. 23-1951	
1. PLACE OF DEATH a. COUNTY Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford			
b. CITY OR TOWN Cuba		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Cuba		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home of Adolph Meiers							
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) FRANCES c. (Last) BOUSSER			4. DATE OF DEATH (Month) (Day) (Year) 9-6-1951				
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 24, 1887	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 3 Days 12		IF UNDER 2 WRS. Hours Min. 		11. BIRTHPLACE (State or foreign country?) White Plains, N.Y.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House				10b. KIND OF BUSINESS OR INDUSTRY Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. Healy		13b. MOTHER'S MAIDEN NAME NUGENT		14. NAME OF HUSBAND OR WIFE Michael A. Bousser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Michael A. Bousser, Cuba Mo.			
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis DUE TO (c) Essential Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 days 10 weeks 8 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) L		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) L		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cuba Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 12			
22. I hereby certify that I attended the deceased from June 28, 1951 , to Sept 6, 1951 , that I last saw the deceased alive on Sept 6, 1951 , and that death occurred at 8:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE H. A. Elders, M.D.				23b. ADDRESS Cuba, Missouri		23c. DATE SIGNED 9-8-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-10-1951		24c. NAME OF CEMETERY OR CREMATORY Hinder Cemetery		24d. LOCATION (City, town, or county) (State) Cuba, Mo.	
DATE REC'D BY LOCAL REG. 9-8-1951		REGISTRAR'S SIGNATURE Paul A. ...		25. FUNERAL DIRECTOR'S SIGNATURE Paul A. ...		ADDRESS Cuba, Mo.	

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

SEP 10 1937

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 *J. G. Franklin*.....

Licensed Embalmer No. *3472*.....

P. O. Address *Cuba, 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.