.S. No. 300
EV. 10.48

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

DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43872

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Union Union Twn
c. LENGTH OF STAY (in this place) 40yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cadet, Rt.#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Union 1100
d. STREET ADDRESS (If rural, give location) Cadet, Rt.#1

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Patrick
c. (Last) Bourisaw

4. DATE OF DEATH (Month) 12 (Day) 22 (Year) 1951

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 9-29-1879
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months 2 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) Washington County. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tojule Bourisaw
13b. MOTHER'S MAIDEN NAME Hannan Boyer
14. NAME OF HUSBAND OR WIFE Mary J. Bourisaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Francis Bourisaw ADDRESS Cadet rt1 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) Pneumonia Lobar
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Following Muscular
DUE TO (c) Dystrophy
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 490 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/1, 1950 *to* 12/22, 1951, *that I last saw the deceased alive on* 12/20, 1951, *and that death occurred at* 1:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE U. Trevivell **(Degree or title)** D **23b. ADDRESS** Potosi Mo. **23c. DATE SIGNED** 12/22/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-24-1951
24c. NAME OF CEMETERY OR CREMATORY St Joachims Cemetery
24d. LOCATION (City, town, or county) Old Mines. Mo (State)

DATE REC'D BY LOCAL REG. 12/22/51
REGISTRAR'S SIGNATURE Hilrik Eudaldo 403
25. FUNERAL DIRECTOR'S SIGNATURE Smith-Higginbotham, Potosi, Mo. **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 27 1951
WASH. COUNTY HEALTH DEPT.
File No. 1251 - 224

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 Mary M. Smith

Licensed Embalmer No. 4394

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.