

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

17445

FILED MAY 25 1955

State File No. 6145

BIRTH NO.

REG. DIST. NO. 337

PRIMARY REG. DIST. NO. 4499

Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>Shelby</b> b. CITY (If outside corporate limits, write RURAL and give town) <b>Shelbina</b> c. LENGTH OF STAY (in this place) <b>12 Yrs</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Salt River Twp</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b> c. CITY OR TOWN <b>Shelbina</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <b>Salt River Twp 1020</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>Elmer</b> c. (Last) <b>Bourn</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 18th 1955</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 19th 1889</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lewis County Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John W Bourn</b>		13b. MOTHER'S MAIDEN NAME <b>Georgia Sloop</b>		14. NAME OF HUSBAND OR WIFE <b>Baulah Bourn Shelbina Mo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Baulah Bourn</b> ADDRESS <b>Shelbina Mo</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Catubetatic carcinoma of Kidney</b> DUE TO (c) <b>Prostate</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>			INTERVAL BETWEEN ONSET AND DEATH <b>May 16-18</b> <b>do not know</b> <b>2 years</b> <b>unknown</b>
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 <b>July 26, 1954</b> , to <b>May 18, 1955</b> , that I last saw the deceased alive on <b>May 17, 1955</b> , and that death occurred at <b>11:30 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Bladys Power M.D.</b>			23b. ADDRESS <b>Shelbina Mo.</b>		23c. DATE SIGNED <b>May 23, 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/20/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Shelbina Mo</b>
DATE REC'D BY LOCAL REG. <b>5-21-55</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkeley &amp; Hawkins</b> ADDRESS <b>Shelbina Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
Signature of Student Embalmer

Signed *Henry A. Bartel*.....

Licensed Embalmer No. *383*.....

P. O. Address *Shelburne*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.