

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19964

State File No. _____
Registrar's No. 189

FILED JUL 2 1956

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		State File No. _____		Registrar's No. <u>189</u>					
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>				c. LENGTH OF STAY (In this place) <u>10yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>217 Cherry St.</u>				d. STREET ADDRESS (If rural, give location) <u>217 Cherry St.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Boucher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23, 1956</u>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 7, 1866</u>		9. AGE (In years last birthday) <u>90</u>		10. IF UNDER 1 YEAR <u>0</u> Months <u>17</u> Days		11. IF UNDER 24 HRS. <u>0</u> Hours <u>17</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Cairo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Benjamin Boucher</u>				13b. MOTHER'S MAIDEN NAME <u>Elmer Halliburton</u>				14. NAME OF HUSBAND OR WIFE <u>Eva Boucher</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. A.D. Boucher Jefferson City, 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, asthma, 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 the Rectum</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> ANTECEDENT CAUSES <u>morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>163x</u>					
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>June 1, 1956</u> to <u>June 23, 1956</u> , that I last saw the deceased alive on <u>June 22, 1956</u> , and that death occurred at <u>5:10p m.</u> , from the causes and on the date stated above.													
23. SIGNATURE (Degree or title) <u>W. Eugene C. Roberts, Jefferson City, Mo.</u>						23a. ADDRESS			23c. DATE SIGNED <u>June 25</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 26, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cairo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cairo, Mo. Cairo Mo</u>							
DATE REC'D BY LOCAL REG. <u>25 June 1956</u>		REGISTRAR'S SIGNATURE <u>R. P. Dorris M.D. M.P.</u>				FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buechler Jefferson City Mo</u>							

(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
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.