

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3518

FILED JAN 29 1957

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 5

Health, Welfare, Public Service
000-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home		d. STREET ADDRESS 1421 Hogan	
Length of stay in lb 20 months		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle Boyd Last A.		4. DATE OF DEATH Month Jan. Day 20, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 8, 1882
9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 84	IF UNDER 24 HRS. Days 84 Hours 84 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinsmith		10b. KIND OF BUSINESS OR INDUSTRY Tin Shop	11. BIRTHPLACE (City and state or country) Flushing, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unknown	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	
16. SOCIAL SECURITY NO. 341-16-7326		17. INFORMANT Katie Jane Home Address Warrenton, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Pneumonia Bronchitis DUE TO (b) Arteriosclerotic Heart Disease & congestive failure with secondary pulmonary emphysema DUE TO (c) Senile Degeneration PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GIVEN IN PART I(a) 4 200			INTERVAL BETWEEN ONSET AND DEATH 10 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 16 1955 to Jan 20 1957 and last saw her alive on Jan 17 1957 Death occurred at a. m. on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald D. Helcher M.D.		22b. ADDRESS Warrenton, Mo.	
22c. DATE SIGNED 1-26-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-22-57	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Warrenton, Mo.
24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo.		25. DATE RECD. BY LOCAL REG. 1-28-57	26. REGISTRAR'S SIGNATURE Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

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 *John F. Hieburg*.....

Licensed Embalmer No. *389*

P. O. Address *Warrenton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.