

Health,
& Welfare
S. Public
Health Service

STANDARD CERTIFICATE OF DEATH

38965

STATE FILE NUMBER

FILED NOV 14 1957

Registration District No. 366

Primary Registration District No. 6242

Registrar's No. 92

S. 300
v. 1-57
1100
1

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Washington | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kingston Township TOWN Kingston Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Kingston Township 1100 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Star Rt. Blackwell | | Length of stay in lb years | d. STREET ADDRESS (If outside, give location) Star Rt. Blackwell Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Bourbon | | | 4. DATE OF DEATH Month Nov. Day 5 Year 1957 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 7-26-1874 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) Washington Co., Mo. |
| 13a. FATHER'S NAME Zeno Trokey | | 13b. MOTHER'S MAIDEN NAME Rose Merseal | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 14. NAME OF HUSBAND OR WIFE George Bourbon Address Star RR |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Advanced arteriosclerosis circulatory failure. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4500 | | | INTERVAL BETWEEN ONSET AND DEATH 0 |
| 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 . Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from Nov. 28, 1852 to 10/18/57 and last saw her alive on 10/18/59 Death occurred at 9:55A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Chas. E. Owen, M.D. (Degree or title) | | 22b. ADDRESS De Soto Mo | 22c. DATE SIGNED 11/6/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-7-1957 | 23c. NAME OF CEMETERY OR CREMATORY St. Stephens Cemetery | 23d. LOCATION (City, town, or county) (State) Richwoods, Mo. |
| 24. FUNERAL DIRECTOR Arthur M. Smith ADDRESS Patton Mo | | 25. DATE RECD. BY LOCAL REG. 11/7/57 | 26. REGISTRAR'S SIGNATURE Arthur M. Smith |

(Licensed Embalmer's Statement on Reverse Side)

3452

3452

Star Rt. Blackwell

Star Rt. Blackwell

Nov. 2

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 *Ch. Boyer*

Licensed Embalmer No. *4158*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.