

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2527

STATE FILE NUMBER

FILED JAN 21 1958

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 15

Health, Welfare and Public Service  
300-56  
Coroner cannot certify to a death due to natural causes.  
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
Secretary, County Health Department  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0941  
4

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Bonne Terre</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>White Way Home</b>			Length of stay in 1b <b>3 years</b>		d. STREET ADDRESS (If outside, give location) <b>115 Allen</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>RETTIE JANE CASH</b>				First Middle Last		4. DATE OF DEATH <b>Jan. 12, 1958</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 4, 1878</b>		
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>8</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Washington Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>Unknown</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</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. <b>None</b>		17. INFORMANT <b>Lee Cash (son) St. Louis, Missouri</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Hypertensive Pneumonia</i></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u><i>Paralytic of Left Leg</i></u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____							INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>2 days</b>	
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.) <b>463X</b>					
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <u><i>Jan 9, 1958</i></u> to <u><i>Jan 12, 1958</i></u> and last saw <u><i>her</i></u> alive on <u><i>Jan 12, 1958</i></u> . Death occurred at <u><i>1:30 a.m.</i></u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Lester H. Boyer</i> (Degree or title)				22b. ADDRESS <i>Bonne Terre Mo</i>		22c. DATE SIGNED <i>1/10/58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 15-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Mem. Pk.</b>		23d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo.</b>		
24. FUNERAL DIRECTOR <b>BOYER &amp; SON Bonne Terre, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Jan. 15, 1958</b>		26. REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>		

---

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 *B. T. Boyer*.....

Licensed Embalmer No. 366.....

P. O. Address Desloge, 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!