

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033909

STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 370

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY St Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital Assn.		Length of stay in lb	d. STREET ADDRESS 119 Dover St.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ROBERT SYLVESTER CASH			4. DATE OF DEATH Sept 29 1958		
5. SEX Male	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 Aug 14 1907	9. AGE (In years at birthday) 51	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mining	11. BIRTHPLACE (City and state or country) Leadwood Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Cash		13b. MOTHER'S MAIDEN NAME Daisy Cash		14. NAME OF HUSBAND OR WIFE Mary Loring Cash	
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. 494 05 1998	17. INFORMANT Address Mrs Mary Cash Bonne Terre Mo (Wife)		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of myocardium					INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic coronary thrombosis					
DUE TO (c) 4201					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> WORK AT WORK		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 9/28/58 to 9/29/58 and last saw him alive on 9/28/58 Death occurred at 2:00 am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Jack W. Walker MD</i>			22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 9/30/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10 1 1958	23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery		23d. LOCATION (City, town, or county) (State) Bonne Terre Mo
24. FUNERAL DIRECTOR BOYER & SON Bonne Terre Mo			25. DATE RECD. BY LOCAL REG. Sept. 30, 1958	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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. *3660*
P. O. Address *Lesloger*

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.