

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045344

STATE FILE NUMBER

84706-58
FILED JAN 6 1958 Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 487

S. 300
v. 1-57

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 of TOWNSHIP only) OR TOWN Bonne Terre -Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1			Length of stay in 1b 1 mo. 27 days		d. STREET (If outside, give location) ADDRESS Rt 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CALVIN DWAYNE PROVINCE (Infant)				4. DATE OF DEATH Month Dec Day 26 Year 1958				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 29 1958		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *** None			10b. KIND OF BUSINESS OR INDUSTRY *** None		11. BIRTHPLACE (City and state or country) Bonne Terre, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Clarence W. Province Sr			13b. MOTHER'S MAIDEN NAME Eileen M Robertson			14. NAME OF HUSBAND OR WIFE ***		
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		17. INFORMANT Address Clarence W. Province (Father)			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia						INTERVAL BETWEEN ONSET AND DEATH 8 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Congenital heart disease						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Baby delivered by Caesarian Section 10-24-58						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.) 7545					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 10-24-58 to 12-24-58 and last saw him alive on 12-24-58 Death occurred at 5:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i>				22b. ADDRESS <i>[Address]</i>		22c. DATE SIGNED 12-26-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12 28 1958	23c. NAME OF CEMETERY OR CREMATORY Hillview Mem. Gardens		23d. LOCATION (City, town, or county) Farmington, Mo.		(State)	
24. FUNERAL DIRECTOR BOYER & SON				ADDRESS Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 30, 1958	26. REGISTRAR'S SIGNATURE <i>[Signature]</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. Breyer

Licensed Embalmer No. 3660
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.