

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-008446

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 271

FILED MAR 23 1959

300
 1-57

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. 'l Osteo. Hosp'l</u>		d. STREET ADDRESS (If outside, give location) <u>1519 Buchanan Ave.,</u>	
Length of stay in lb <u>35 yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ANDREW</u> Middle <u>KERR</u> Last <u>BOUGHER</u>			4. DATE OF DEATH Month <u>March</u> Day <u>14</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June, 11, 1880</u>	9. AGE (In years last birthday) <u>78 yrs.</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Quilter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Quilting Shop</u>		11. BIRTHPLACE (City and state or country) <u>Sabetha, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Bougher</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Kerr</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Sallie Bougher</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-36-1546A</u>	
17. INFORMANT <u>Mr. Roscoe Bougher, St. Joseph, Missouri</u>		Address <u>1519 Buchanan Ave</u>			

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>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u>			
DUE TO (c) <u>Myocarditis, + Prostatitis</u>			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.) <u>592X</u>		
20c. TIME OF INJURY Hour <u>4-34</u> Month, Day, Year a.m. <u>p.m.</u>	20d. INJURY OCCURRED WHILE AT <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 Feb 16, 1959 to March 14, 1959 and last saw ^{him} alive on March 14, 1959
 Death occurred at 4-34 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Dr. John Hartsock D.O.</u>	(Degree or title) <u>2</u>	22b. ADDRESS <u>926 Edmond</u>	22c. DATE SIGNED <u>3-16-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>March, 17, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sabetha Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sabetha Kansas</u>
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24. FUNERAL DIRECTOR <u>Stoney Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>March 17, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Modell</u>
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All diseases in Part I must be causally related.
 Dr. John Hartsock
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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 *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St Joseph 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.