

Health,
L. Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010619

STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 128

300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. 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 0746	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 1b	d. STREET ADDRESS (If outside, give location) 808 Benham St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) M A R I O N W E S L E Y R O U X	First Middle Last	4. DATE OF DEATH March 30, 1959	Month Day Year
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5. SEX Male: 0	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 Sept. 15, 1890 '88	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 6 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoist. Engr. St. Joseph Lead Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Henry Roux	13b. MOTHER'S MAIDEN NAME Mary Jane Whitt	14. NAME OF HUSBAND OR WIFE Dade Margaret Totten
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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. 490031426	17. INFORMANT Carol Roux	Address Bonne Terre, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis with myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	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 Bonne Terre, Mo.	COUNTY St. Francois	STATE Mo.
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21. I attended the deceased from March 17, 1959 to March 30, 1959 and last saw him alive on March 29, 1959 Death occurred at 2:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Maurin J. Haw, Jr., M.D.	22b. ADDRESS Bonne Terre, Mo.	22c. DATE SIGNED 4-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 2, 1959	23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery	23d. LOCATION (City, town, or county) Bonne Terre, Mo.	(State)
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24. FUNERAL DIRECTOR C.Z. BOYER & SON	ADDRESS Bonne Terre, Mo.	25. DATE RECD. BY LOCAL REG. Apr. 8, 1959	26. REGISTRAR'S SIGNATURE Ether Redloff
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Occur, curable, etc. must use only standard nomenclature in item 16. 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*
B. T. BOYER

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.