

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026307

FILED VS AUG 4 1959 316

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 291

STATE FILE NUMBER

IDED

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre | | Length of stay in 1b 5 day's | c. CITY OR TOWN Desloge |
| c. FULL NAME OF (If NOT in hospital, give location) Bonne Terre Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 206 S Lincoln |
| | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Drury Middle Elmer Last Brown | | | 4. DATE OF DEATH Month July Day 29 Year 1959 | | | |
| 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 11/6/1889 | 9. AGE (last birthday) 69 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Man | | 10b. KIND OF BUSINESS OR INDUSTRY Furniture Store | 11. BIRTHPLACE (City and state or country) Bonne Terre, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Emanuel Brown | | 13b. MOTHER'S MAIDEN NAME Elmira Estes | | 14. NAME OF HUSBAND OR WIFE Marie F. Babka | | |

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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. 487 24 4050 | 17. INFORMANT Mrs. Elmer Brown, Desloge, 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) Carcinoma of lung with metastases to skull, liver, abdominal wall, bladder. | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. |
| 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 (e) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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. Month, Day, Year _____ |
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| 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 _____ |
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| 21. I attended the deceased from 1957 to July 29, 1959 and last saw him alive on July 28, 1959 Death occurred at 5:20 A on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE J. L. Foster MRS (Degree or title) | 22b. ADDRESS Desloge Mo | 22c. DATE SIGNED 7-30-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7/31/1959 | 23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery | 23d. LOCATION (City, town, or county) (State) Farmington, Missouri |
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| 24. FUNERAL DIRECTOR C. Z. Boyer & Son, Inc. Desloge, Mo | 25. DATE RECD. BY LOCAL REG. July 30, 1959 | 26. REGISTRAR'S SIGNATURE Cether Rudloff |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3460

P. O. Address Klesloger

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.