

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>	Length of stay in 1b <i>2 weeks</i>	c. CITY OR TOWN <i>Harley Hills</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Baptist Hospital</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2012 Bainbridge Drive</i>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <i>Rev. Howard Lawrence Bournner</i>			4. DATE OF DEATH Month Day Year <i>July 19, 1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2/14/82</i>	9. AGE (last birthday) <i>78</i>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Minister</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired 3 years</i>	11. BIRTHPLACE (City and state or country) <i>Pleasant Mount Illinois</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Edward D. Bournner</i>		13b. MOTHER'S MAIDEN NAME <i>Laura Harris</i>		14. NAME OF HUSBAND OR WIFE <i>Lulu V. Friess Bournner</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> <i>none</i>		16. SOCIAL SECURITY NO. <i>493-40-7392</i>	17. INFORMANT Address <i>Mrs Lulu V. Bournner 2012 Bainbridge Dr</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac decompensation 2 wks</i> DUE TO (b) <i>Arteriosclerotic heart dys</i> DUE TO (c) <i>and renal disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>442x</i>		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

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.) <i>442x</i>
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

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 <i>St. Louis County, Missouri</i>	COUNTY <i>St. Louis County, Missouri</i>	STATE
21. I attended the deceased from <i>Jan 1955</i> to <i>July 19, 1960</i> and last saw ^{her} him alive on <i>July 18, 1960</i> Death occurred at <i>7:30 A.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <i>Richard D. Jones MD</i>		22b. ADDRESS <i>3720 Washington</i>	22c. DATE SIGNED <i>7-19-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>July 21, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>	
24. FUNERAL DIRECTOR <i>Shepard Funeral Home, 1167 Hamilton Ave</i>		25. DATE RECD. BY LOCAL REG. <i>JUL 19 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

