

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006249

AMENDED Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 58 STATE FILE NUMBER

FILED VS FEB 24 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b>		Length of stay in 1b	c. CITY OR TOWN <b>Bonne Terre</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>211 Cross St</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>211 Cross St</b>
3. NAME OF DECEASED (Type or print) First <b>Howard</b> Middle <b>Lee</b> Last <b>Nethington</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>11,</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-9-1905</b>
9. AGE (last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accounting Dept</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St Joseph Lead Co</b>	11. BIRTHPLACE (City and state or country) <b>Bonne Terre, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>US</b>		13a. FATHER'S NAME <b>Samuel O. Nethington</b>	
13b. MOTHER'S MAIDEN NAME <b>Annie Stotler</b>		14. NAME OF HUSBAND OR WIFE <b>Alberta Foreman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Alberta Nethington, Bonne Terre</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Infarction of myocardium</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immed.</b>	
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)		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.)	
20c. TIME OF INJURY Hour <b>5:00</b> a.m. p.m. Month, Day, Year <b>2-11-61</b>		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 <b>Bonne Terre, Mo.</b> COUNTY STATE	
21. I attended the deceased from <b>1958</b> to <b>2-11-61</b> and last saw her/him alive on <b>2-11-61</b>		Death occurred at <b>5:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>John S. Fuller</i> (Degree or title)		22b. ADDRESS <b>Bonne Terre, Mo.</b>	22c. DATE SIGNED <b>2-13-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb 14, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Francois Mem Park</b>	23d. LOCATION (City, town, or county) (State) <b>St Francois County Mo</b>
24. FUNERAL DIRECTOR <b>C. Z. Boyer &amp; Son, Inc. Bonne Terre, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Feb. 13, 1961</b>	26. REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>

MAR 16 1961

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**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 Burkin T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, 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.