

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012286

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 175 Primary Registration District No. 3096 Registrar's No. 167

STATE FILE NUMBER

167

**FILED MAR 25 1963**

VS 300  
Rev. 4/59

1 0551

2 205512

3

4 1

5 1

6

7 2

8 2

9 422.1

10

11

12 290-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Aurora</u>		c. CITY OR TOWN <u>Aurora</u>	
Length of stay in 1b <u>6 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>136 West Hawthorne</u>		d. STREET ADDRESS (If outside, give location) <u>136 West Hawthorne</u>	
3. NAME OF DECEASED (Type or print) <u>Clorande Elizabeth Bourey</u>		4. DATE OF DEATH Month <u>March</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/21/1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>70</u>
11a. FATHER'S NAME <u>Mark Challet</u>		11b. BIRTHPLACE (City and state or country) <u>France</u>	11c. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. MOTHER'S MAIDEN NAME <u>Florence Bediet</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Bourey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>		16. SOCIAL SECURITY NO. _____	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiovascular Accident</u>		17. INFORMANT <u>Andrew Bourey, Aurora, Missouri</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ASCVD</u>		INTERVAL BETWEEN ONSET AND DEATH <u>undetermined</u>	
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 checked="" 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 _____, Month _____, Day _____, Year _____ a.m. _____ p.m. _____		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 <u>Aurora Lawrence Mo</u>	
21. I attended the deceased from <u>1961</u> to <u>1963</u> and last saw her alive on <u>3/20/63</u> Death occurred at _____ _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>3/21/63</u>	
22a. SIGNATURE (Degree or title) <u>William P. Hunter MD</u>		22b. ADDRESS <u>Aurora Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 22, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>	23d. LOCATION (City, town, or county) <u>Aurora, Missouri</u>
24. FUNERAL DIRECTOR <u>Marsh Funeral Home, Inc., Aurora, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-21-63</u>	26. REGISTRAR'S SIGNATURE <u>George Longley</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 2 1963

**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 Everett Crawford, Jr., Student Embalmer No. 675

working under my personal supervision.

Student

Everett Crawford, Jr.  
Signature of Student Embalmer

Signed

Flordon Bennett

Licensed Embalmer No.

4213

P. O. Address

Morett 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.