

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026473
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 285

FILED AUG 1 1961

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		c. CITY OR TOWN Bonne Terre	
Length of stay in 1b 50 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RR # 2		d. STREET ADDRESS (If outside, give location) RR # 2	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Melvin Austin House			4. DATE OF DEATH Month Day Year July 14, 1961		
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 2-22-1886	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shift Boss		10b. KIND OF BUSINESS OR INDUSTRY St Joe Lead Co		11. BIRTHPLACE (City and state or country) Bonne Terre, Mo	
12. CITIZEN OF WHAT COUNTRY US		13a. FATHER'S NAME Milton House		13b. MOTHER'S MAIDEN NAME Isabell Glore	
14. NAME OF HUSBAND OR WIFE Dorethe Bockenkamp		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. 490-03-1511	
17. INFORMANT Herbert House, Bonne Terre, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Thrombosis (Hemiplegia)		INTERVAL BETWEEN ONSET AND DEATH 3 wks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary and menenteric atherosclerosis.		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 8 yrs	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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		COUNTY		STATE	

21. I attended the deceased from 4-12-61 to 7-11-61 and last saw him alive on 7-11-61
Death occurred at 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) M. J. Haw, J. M. D.		22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 7/19/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jul 17, 1961		23c. NAME OF CEMETERY OR CREMATORY Bonne Terre	
23d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri		24. FUNERAL DIRECTOR C. Z. Boyer & Son, Inc., Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. July 19, 1961	
26. REGISTRAR'S SIGNATURE Ether Rudloff					

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burlin T. Boyd, Jr.

Licensed Embalmer No. 5119

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.