

CERTIFICATE OF DEATH

70 0008279

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 72

DO NOT WRITE ON THIS STUB

9. 1
10a. 84
10b. 01
11. 0
12. 2
13. 485X
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/70

40941

5. 01

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0941

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. Agnes Bertha Burr			SEX 2. female	DATE OF DEATH (MONTH, DAY, YEAR) 3. February 15, 1970		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white		AGE—LAST BIRTHDAY (YEARS) 5a. 84	UNDER 1 YEAR 5b. 84	UNDER 1 DAY 5c. 84	DATE OF BIRTH (MONTH, DAY, YEAR) 6. June 3, 1885	COUNTY OF DEATH 7a. St. Francois
CITY, TOWN, OR LOCATION OF DEATH 7b. Bonne Terre			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Bonne Terre Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. widowed		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.
SOCIAL SECURITY NUMBER 12. 490-03-2825-B		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. housewife		KIND OF BUSINESS OR INDUSTRY 13b.		
RESIDENCE—STATE 14a. Mo.	COUNTY 14b. St. Francois	CITY, TOWN, OR LOCATION 14c. Bonne Terre		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	STREET AND NUMBER 14e. 138 SW Main St.	
FATHER—NAME 15. James Vaughn			MOTHER—MAIDEN NAME 16. Martha Whitehead			
INFORMANT—NAME 17a. Mrs. L.C. Dunn			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Rt. 2 Bonne Terre, Mo. 63628			
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Acute Bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDERLYING CAUSE LAST (b) (c)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 48 Hrs.
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O) 19. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. ---						AUTOPSY (YES OR NO) 19a. NO
DATE OF INJURY (MONTH, DAY, YEAR) 20b. ---						IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20c. M. 20d.		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20e. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.				
INJURY AT WORK (SPECIFY YES OR NO) 20a.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 11/21/69		MONTH DAY YEAR 21b. 2/15/70		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. 2/15/70	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Did	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 12:45 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22.						
CERTIFIER—NAME (TYPE OR PRINT) 23a. R.A. FRASER MD		SIGNATURE 23b. R. Q. Fraser MD		DEGREE OR TITLE 23c. MD		
MAILING ADDRESS—CERTIFIER 23d. River mines MO 63668		STREET OR R.F.D. NO. 23e. ---		CITY OR TOWN 23f. ---		
DATE SIGNED (MONTH, DAY, YEAR) 23g. 2/17/70		TIME DECEDENT WAS PRONOUNCED DEAD 23h. Feb 15 1970 12:45 P.M.				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. St. Francois Mem Pk		LOCATION 24c. Bonne Terre, Mo.		
DATE (MONTH, DAY, YEAR) 24d. Feb 17, 1970		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. C.Z. Boyer & Son 313 Benham, Bonne Terre, Mo.				
FUNERAL DIRECTOR—SIGNATURE 25a. B.T. Boyer Jr		REGISTRAR—SIGNATURE 25b. Earther Mathews		DATE RECEIVED BY LOCAL REGISTRAR 25c. Feb 17, 1970		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

FEB 26 1970

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 *Dwight T. Boyer*

Licensed Embalmer No. 5117

P. O. Address Bone Terr, 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.