

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13705

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 147

940

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL PERRY TWP.</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ROUTE 1 BONNE TERRE</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE 1 BONNE TERRE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>AUGUST</b> b. (Middle) <b>ELVIN</b> c. (Last) <b>BLACK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 19, 1951</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 4, 1907</b>	9. AGE (In years last birthday) <b>43</b>	10. DAYS OF UNDER 1 YEAR <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (State or foreign country) <b>R.I. BONNE TERRE Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>FRANCIS N. BLACK</b>	13b. MOTHER'S MAIDEN NAME <b>MAGGIE E. TAYLOR</b>	14. NAME OF HUSBAND OR WIFE <b>MILDRED G. BLACK</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR II</b>	16. SOCIAL SECURITY NO. <b>498-07-5363</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MILDRED G. BLACK</b>	ADDRESS <b>BONNE TERRE, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Jury Verdict.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Natural Causes.</b>		
	DUE TO (c) <b>apparently heart attack</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Rural road</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>near East Bonne Terre St. Francis, Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>apparently heart attack</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Earl J. Miller</b>	23b. ADDRESS <b>Coroner 3 Farmington, Mo</b>	23c. DATE SIGNED <b>4/20/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>APRIL 22, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ADAMS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>R.I. BONNE TERRE Mo</b>
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DATE REC'D BY LOCAL REG. <b>Apr 21, 1951</b>	REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gerhard Paul G. Bonnell</b>	ADDRESS <b>Mo</b>
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SEP 26 1951  
DISTRICT HEALTH OFFICE NO. 4  
FILE NO.

APR 30 1951

RECEIVED

MAY 9 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Clarence J. Hayward*

Signed.....

Student Embalmer

Licensed Embalmer No.

*3706*

P. O. Address

*Corpus Christi, 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 this body is not embalmed, fact should be so stated above.