

FILED JUN 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57022288
STATE HEALTH NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bonne Terre Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. Length of stay in lb 6 days		d. STREET ADDRESS 309 S. Spruce (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Harvey Joshua HOUSE First Middle Last			4. DATE OF DEATH JUN 4 - 1957 Month Day Year
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 Jan. 29, 1882
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR 4 Months 7 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) St. Francois Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Milton House	
14. MOTHER'S MAIDEN NAME Isabel Glore		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, see part unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 498-24-3605		17. INFORMANT Pearl House (wife) Address 309 S. Spruce Bonne Terre, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction myocardium Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Benign prostate hypertrophy.			INTERVAL BETWEEN ONSET AND DEATH 6 days
19. WAS AUTOPSY PERFORMED? 2 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		CITY TOWN, OR LOCATION	
21. I attended the deceased from Mar. 14, 1957 to June 4, 1957 and last saw him alive on Jun. 4, 1957 Death occurred at 8:30 am on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature]	
22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 6-8-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 8, 1957	
23c. NAME OF CEMETERY OR CREMATORY Germania Cemetery		23d. LOCATION (City, town, or county) (State) St. Francois County, Mo.	
24. FUNERAL DIRECTOR BOYER FUNERAL HOME ADDRESS Bonne Terre, Mo.		25. DATE REC'D BY LOCAL REG. June 8, 1957	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S SIGNATURE [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

JUN 2 1957

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 *E. Z. Boyer* -167

Licensed Embalmer No.

P. O. Address Desloge, M.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.