

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 1949

24412

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>165</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		88		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>514 Taylor</u>				d. STREET ADDRESS (If rural, give location) <u>514 Taylor</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> b. (Middle) <u>Bouque</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23rd 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 15th 1885</u>		
9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>11</u>		11. DAYS <u>22</u>		IF UNDER 1 YEAR IF UNDER 1 HRS. IF UNDER 1 MIN.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>			11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>Howard Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Smith</u>		14. NAME OF HUSBAND OR WIFE <u>L Irvin Bouque</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>L.I. Bouque</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Obesity</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Coronary Sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1/20</u>	
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 type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
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?				
22. I hereby certify that I attended the deceased from <u>7:40 AM</u> , 19 <u>49</u> , that I last saw the deceased <u>had not seen a doctor</u> , and that death occurred at <u>7:40 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L. I. Bouque</u> (Degree or title)				23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>25 July 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 26 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-26-49</u>		REGISTRAR'S SIGNATURE <u>Seal the cause</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>		ADDRESS		

FEB 1 1949

RECEIVED AUG 1
District Health Officer
District File Number 8-4
Date Filed AUG 1 1949

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.

Signed Frank D. Welch

Signed _____
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address 9 Noverly 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.