S. No. 300
V. 10.48

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41012
Registrar's No. 5246

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 15 MINUTES
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MASSACHUSETTS
b. COUNTY: HAMPDEN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
d. STREET ADDRESS (If rural, give location): 107 MASSRECO STREET

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle): E.
c. (Last): BOUSQUET

4. DATE OF DEATH (Month) (Day) (Year): DEC-10-1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: NOV-18-1920
9. AGE (In years last birthday): 29 YEARS
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STAFF SERGEANT-FORCES
10b. KIND OF BUSINESS OR INDUSTRY: U.S. ARMY AIR BASE - TOPEKA, KANSAS
11. BIRTHPLACE (State or foreign country): HIGH RIVER, ALBERTA CANADA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOSEPH U. BOUSQUET
13b. MOTHER'S MAIDEN NAME: IRENE G. DUTEAU
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR II
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: HAROLD H. ROBERTS
ADDRESS: ROBT. E. LEE HOTEL KANSAS CITY MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exposure Hemorrhage Brain — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bilateral Hemothorax Lungs
DUE TO (c) Fractured Ribs Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Suffer Fels Both Kidneys

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 2 car accident
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cameron ~~Ham~~ Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-10-49 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto Accident

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* 1:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh H. Owens (Degree or title): Hugh H. Owens Coroner
23b. ADDRESS: 1034 Rialto Bldg
23c. DATE SIGNED: 12-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: DEC-12-1949
24c. NAME OF CEMETERY OR CREMATORY: ——
24d. LOCATION (City, town, or county) (State): SPRINGFIELD MASSACHUSETTS

DATE REC'D BY LOCAL REG.: 12-12-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. A. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.