No. 300
10-48

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

FILED NOV 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34117

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559Y Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-Joachim
c. LENGTH OF STAY (in this place): 1 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 - Hillsboro

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - Joachim
d. STREET ADDRESS (If rural, give location): Rt. 1 - Hillsboro

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Frederick
c. (Last): Girardier

4. DATE OF DEATH (Month) (Day) (Year): Oct. 24-1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Feb. 21-1890
9. AGE (In years last birthday): 61
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Richwoods, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Girardier
13b. MOTHER'S MAIDEN NAME: Ann Skaggs
14. NAME OF HUSBAND OR WIFE: Bertha Girardier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 1st World War
16. SOCIAL SECURITY NO.: 492-36-5894
17. INFORMANT'S SIGNATURE OR NAME: Bertha Girardier
ADDRESS: Hillsboro, 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): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. acute virus infection — 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4/201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 19, 1951, *to* Oct 24, 1951, *that I last saw the deceased alive on* Oct 24, 1951, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Noel V. McMurtry
(Degree or title): M.D.
23b. ADDRESS: DeSoto, Mo.
23c. DATE SIGNED: Oct 26/951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-27-51
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Franklin Co. Mo

DATE REC'D BY LOCAL REG.: 10-27-51
REGISTRAR'S SIGNATURE: Gentry R. Tolette 444
25. FUNERAL DIRECTOR'S SIGNATURE: J. Lee Mothershead
ADDRESS: DeSoto, Mo

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 10-31-51

JUL 18 1958

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address Ile Soto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.