

STANDARD CERTIFICATE OF DEATH

State File No. 43871
Registrar's No. 78

DEC 31 1951

BIRTH NO. REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Union		c. CITY (If outside corporate limits, write RURAL and give township) CaRural-Union	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) Cadet	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cadet			

3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) Jeffery c. (Last) BourBon			4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH 12-7-1951			9. AGE (In years last birthday) 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cadet. Mo
11. BIRTHPLACE (State or foreign country) Cadet. Mo			12. CITIZEN OF WHAT COUNTRY? 8		

13a. FATHER'S NAME Howard BourBon		13b. MOTHER'S MAIDEN NAME Gertrude Coleman		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard BourBon Cadet, Mo RT #1	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden Death		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) Cause unknown			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

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) 7955	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR (Signature) (Degree or title)		23b. ADDRESS (Signature) (Address)		23c. DATE SIGNED 12/15/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-11-1951		24c. NAME OF CEMETERY OR CREMATORY St Josephs	
24d. LOCATION (City, town, or county) (State) old Miner mo					

DATE REC'D BY LOCAL REG. 12/15/51		REGISTRAR'S SIGNATURE (Signature)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Signature) (Address) Potogic 710 Home	
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(Licensed Embalmer's Statement on Reverse Side)

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

1/80
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RECEIVED

DEC 18 1951

WASSEL COUNTY HEALTH DEPT.

File No. 1257-268

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.....

W. E. Embalmer

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.