

No. 300 FILED JUL 7 1952
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 300-3 21058
State File No.

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 177 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett	
c. LENGTH OF STAY (in this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) 912- 5th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 912- 5th Street			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Ferguson	c. (Last) Boucher	4. DATE OF DEATH (Month) (Day) (Year)	June 30, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 27, 1861	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Days 11	IF UNDER 12 HRS. Min. 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Stockman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pierce City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Gabriel Boucher	13b. MOTHER'S MAIDEN NAME Samatha Ferguson	14. NAME OF HUSBAND OR WIFE Arra E. Boucher Dec'd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME William Boucher	ADDRESS Monett, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Heart?) DUE TO (c)		
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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 19 48, to June 30, 1952, that I last saw the deceased alive on June 30, 1952 and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Frank Kern MD	(Degree or title)	23b. ADDRESS Monett, Mo.	23c. DATE SIGNED 7-3-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows	24d. LOCATION (City, town, or county) (State) Mt. Vernon, Mo.
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DATE REC'D BY LOCAL REG. July 5-1952	REGISTRAR'S SIGNATURE Oliver C. Wormington	466	25. FUNERAL DIRECTOR'S SIGNATURE Bennett-Wormington	ADDRESS Monett, Mo.
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(Licensed Emballer's Statement on Reverse Side)

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

551

JUN 1 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

Joseph Bassett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.