

FILED APR 7 1953

STANDARD CERTIFICATE OF DEATH

State File No. 10402

532
4

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

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 64

1. PLACE OF DEATH

a. COUNTY Laclede

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon

c. LENGTH OF STAY (In this place) 5 YRS.

d. FULL NAME OF HOSPITAL OR INSTITUTION Long Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo.

b. COUNTY Laclede

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon 0532

d. STREET ADDRESS (If rural, give location) 175 Morton Rd. 0

3. NAME OF DECEASED

a. (First) John

b. (Middle) B.

c. (Last) Bouchet

4. DATE OF DEATH April 1 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH July 30 1867

9. AGE (In years, Months, Days) 86

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Piere Dal Bigny France 5

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Bouchet

13b. MOTHER'S MAIDEN NAME Mary Bouchet

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Bouchet Lebanon 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis & myocardial degeneration

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.

INTERVAL BETWEEN ONSET AND DEATH (7)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4222

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)

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 2-24 1953, to 4-1-1953, that I last saw the deceased alive on 4-1-1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE R.E. Hanell M.D. (Degree or title)

23b. ADDRESS Lebanon, Mo.

23c. DATE SIGNED 4-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 3 1953

24c. NAME OF CEMETERY OR CREMATORY Lebanon

24d. LOCATION (City, town, or county) (State) Lebanon, Mo.

DATE REC'D BY LOCAL REG. 4-3-1953

REGISTRAR'S SIGNATURE Stella L. Gray

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lebanon Mo

Received APR 8 1953
Laclede County Health Unit
File No. 4-53-64
Date Filed APR 8 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed S. R. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.