No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13787

BIRTH NO. FILED MAY 4 1953 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 87

362
0

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (In this place): 11 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington 0362
d. STREET ADDRESS (If rural, give location): 115 W. Main 0

3. NAME OF DECEASED (Type or Print)
a. (First): Culvin
b. (Middle): F.
c. (Last): Bourne

4. DATE OF DEATH (Month) (Day) (Year): May 1 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 18, 1885
9. AGE (In years last birthday): 67 — If under 1 year: Months 9, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbing Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Own Firm
11. BIRTHPLACE (State or foreign country): Memphis, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Benjamin Bourne
13b. MOTHER'S MAIDEN NAME: Alice Colvin
14. NAME OF HUSBAND OR WIFE: Nila H. Bourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Nila H. Bourne, Washington, Mo. — ADDRESS

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): Pneumonia, lobar, rt. — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Apoplexy, mid-brain
c̄ paralysis of Glossopharyngeal Nerve — 2 wks.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Encephalopathy due to arteriosclerosis — 4 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 490x
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* 6/21, 1949, *to* 5/1, 1953, *that I last saw the deceased alive on* 4/30, 1953, *and that death occurred at* 3:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Michael S. Wyprich, M.D.
23b. ADDRESS: Washington, Mo.
23c. DATE SIGNED: 5/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: May 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: May 2, 1953
REGISTRAR'S SIGNATURE: F. C. Heidmann by L. C. Heidmann 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: Nieburg & Vitt, Inc. — ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side) G. H. Vitt

MAY 1 1959

VS AUG 27 1959

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 Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.