

FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40108

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) EAST BONNE TERRE		c. CITY OR TOWN EAST BONNE TERRE	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION FERRY TWP.		e. STREET ADDRESS (If rural, give location) FERRY TWP.	

3. NAME OF DECEASED (Type or Print)	a. (First) MIKEL	b. (Middle) HAREM	c. (Last) BOOHER	4. DATE OF DEATH (Month) (Day) (Year) DEC. 4, 1953
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5. SEX MALE WHITE	6. COLOR OR RACE MALE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1939-12-16	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs: Days) (Hours) (Min.) 93 11 16
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN	10b. KIND OF BUSINESS OR INDUSTRY WATCHMAN	11. BIRTHPLACE (City and State or Foreign Country) CUMBERLAND CO., KENTUCKY U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME MOLLIE BOOHER	14. NAME OF HUSBAND OR WIFE MARTHA F. BOOHER
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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 ESTHER M. COLE	ADDRESS BOONETERRER, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crown Jury Verdict: from his own		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hand using 12 gauge shot gun. DUE TO (c) gunshot wound in left upper		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death abdomen ranging upward into chest			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E976X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) East Bonne Terre St. Francois Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Dec. 4, 1953 10:45 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound
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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 **10:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Carl J. Miller	(Degree or title) 3 coroner	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 12/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec. 4, 1953	24c. NAME OF CEMETERY OR CREMATORY ADAMS CEM.	24d. LOCATION (City, town, or county) (State) ST. FRANCOIS CO. MO.
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DATE REC'D BY LOCAL REG. DEC. 7, 1953	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS BONNE TERRE, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 33

P. O. Address Bonne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.