

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

547

State File No.

0200
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FILED FEB 2 1954

BIRTH NO. REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5239 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Linn Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Linn Twp. 0200	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 8 Miles S. W. of Stockton		d. STREET ADDRESS (If rural, give location) 8 Miles S. W. of Stockton	
3. NAME OF DECEASED (Type or Print) a. (First) SAM b. (Middle) None c. (Last) BOUGH		4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1879
9. AGE (In years last birthday) 74		10. UNDER 1 YEAR 8 Months	11. UNDER 1 MRS. Hours Min. 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm Tenant	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Fred Bough		13b. MOTHER'S MAIDEN NAME Cynthia Clark	
14. NAME OF HUSBAND OR WIFE Mamie Bough			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-05-1986	
17. INFORMANT'S SIGNATURE OR NAME John Bough - Stockton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerotic Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH da da yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4301	
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 <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 6-27, 1942, to 1-11, 1954, that I last saw the deceased alive on 1-11, 1954, and that death occurred at 11:00 m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. B. Richter M.D. (Degree or title)		23b. ADDRESS Stockton, Mo.	
23c. DATE SIGNED 1-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-14-1954	
24c. NAME OF CEMETERY OR CREMATORY Hickory Grove		24d. LOCATION (City, town, or county) (State) Dade County, Mo.	
DATE REC'D BY LOCAL REG. 1-28-54		REGISTRAR'S SIGNATURE Geneva Garrison 543	
25. FUNERAL DIRECTOR'S SIGNATURE Canton Funeral Home - Stockton, Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

John A. Conlan

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.