

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24163**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 197

094

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

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) OR Town Bonne Terre		c. CITY OR Town Flat River	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 10 Min.		e. STREET ADDRESS (If rural, give location) 1011 Monroe Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital			

0943

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Maurice c. (Last) Maurice		4. DATE OF DEATH (Month) (Day) (Year) July 10, 1954	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28, 1899
9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 0 Days 12	IF UNDER 1 HR. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millman		10b. KIND OF BUSINESS OR INDUSTRY Lead Company	11. BIRTHPLACE (City and State or Foreign Country) Ste. Genevieve, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME Louie Maurice	13b. MOTHER'S MAIDEN NAME Louise La Plant	14. NAME OF HUSBAND OR WIFE Mary Maurice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Maurice Flat River, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 7-10, 1954, to 7-10, 1954, that I last saw the deceased alive on 7-10, 1954, and that death occurred at 2:36 p.m., from the causes and on the date stated above.

23a. SIGNATURE H.C. Daube M.D.	23b. ADDRESS Desloge Mo	23c. DATE SIGNED 7-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/13/54	24c. NAME OF CEMETERY OR CREMATORY St. Francois Catholic	24d. LOCATION (City, town, or county) (State) St. Francois MO.
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DATE REC'D BY LOCAL REG. July 12, 1954	REGISTRAR'S SIGNATURE Esther Pudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.Z. BOYER & SON DESLOGE, MO.
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JAN 20 1955

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 *D. T. Boyer*.....

Licensed Embalmer No. *36*.....

P. O. Address *Deslog*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.