

STANDARD CERTIFICATE OF DEATH

State File **21402**

FILED JUN 19 1956

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>PERRY COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY OR TOWN <u>TERRYVILLE</u>		c. CITY OR TOWN <u>BONNE TERRE</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 WKS</u>		e. STREET ADDRESS (If rural, give location) <u>0941</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PERRY COUNTY MED. HOSP</u>			

3. NAME OF DECEASED (Type or Print) <u>MALINIA</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>BOURO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 28, 1870</u>	9. AGE (In years last birthday) <u>86</u> Months <u>2</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>STE BENEVENE CO. MS.</u>	

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>XAVIER BOURO</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Bourro</u> ADDRESS <u>Bonne Terre, Mo.</u>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2d.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>		<u>years</u>
	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) <u>331x</u>
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 2-15, 1956 to 5-24, 1956 that I last saw the deceased alive on 5-23, 1956 and that death occurred at 4:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Fairchild, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Perryville, Mo.</u>	23c. DATE SIGNED <u>5-24-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/26/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-24-56</u>	REGISTRAR'S SIGNATURE <u>Jon J. Zellner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. F. Boyer & Son</u>	ADDRESS <u>Bonne Terre</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *B. T. Boyer*
Licensed Embalmer No. *366*

P. O. Address *Allestoye*

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.