

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27410**

FILED SEP 5 1956

BIRTH NO. _____		REG. DIST. NO. <b>160</b>		PRIMARY REG. DIST. NO. <b>559V</b>		Registrar's No. <b>15</b>	
1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jeff.</b>			
b. CITY OR TOWN <b>Rural Joachim</b>		c. LENGTH OF STAY (in this place) <b>1WK</b>		c. CITY OR TOWN <b>Festus, Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rose Hill Rest Home</b>				e. STREET ADDRESS (If rural, give location) <b>720 Ann St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>			b. (Middle) <b>Dailey</b>		c. (Last) <b>Bourisaw</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 18 1956</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 24, 1907</b>		9. AGE (In years last birthday) <b>49</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Class-worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Operating Plant Flow Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Old Mines, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Thomas Bourisaw</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Coleman</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Bourisaw</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <b>497-03-1574</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Laura Bourisaw</b> ADDRESS <b>720 Ann St. Mo.</b>			
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) <b>Carcinoma of st lungs</b>  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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Bronchogenic carcinoma middle and lower lobe were removed - 162X</b>						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) 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 <b>Oct 14, 1955</b> , to <b>Aug 18, 1956</b> , that I last saw the deceased alive on <b>Aug 18, 1956</b> , and that death occurred at <b>10:50 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Destina Dailey, MD</b> (Degree or title)				23b. ADDRESS <b>Festus, Mo</b>		23c. DATE SIGNED <b>8-20-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/21/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Crystal City, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>8-20-56</b>		REGISTRAR'S SIGNATURE <b>John G. Rogers</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Politte-Funeral Home Crystal City, Mo.</b>			

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 28 1956

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 *Lentoy R. Politt*.....  
Licensed Embalmer No. *3481*.....

P. O. Address.....

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.