

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2482

STATE FILE NUMBER

FILED JAN 15 1957

90375-56 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 5

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, give TOWNSHIP only) OR TOWN Bonne Terre			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL-OR-INSTITUTION Bonne Terre Hosp. Bldg.				Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Baby Middle Boy Last Mouser				4. DATE OF DEATH Month JAN Day 13 Year 1957									
5. SEX Male		16. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 31, 1956		9. AGE (In years last birthday) Months 4 Days 4 Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13. FATHER'S NAME Euchett Mouser					14. MOTHER'S MAIDEN NAME LEANNA Richardson								
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 Address Mrs. Everette Mouser Boardman 2661								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Immaturity DUE TO (b) Prematurity DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 71 hrs 71 hrs					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Weight of 1 pound 9 1/2 ounces @ birth 776g.								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1/4/57 to 1/3/57 and last saw ^{her} him alive on 1/3/57 Death occurred at 10:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Deduce or title) Tommy K. Watkins M.D.					22b. ADDRESS Farmington, Missouri			22c. DATE SIGNED 1/5/57					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN 4, 1957		23c. NAME OF CEMETERY OR CREMATORY ELVINS, CEM.			23d. LOCATION (City, town, or county) (State) ELVINS, MO.						
24. FUNERAL DIRECTOR Raymond Caldwell Sons Flat River, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. Jan. 5, 1957		26. REGISTRAR'S SIGNATURE Ether Rudloff					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. *not Embalmed.*

Student
Signature of Student Embalmer

Signed *R. Caldwell*

Licensed Embalmer No. *25-*

P. O. Address *Flat B*

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.