

FILED JAN 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3531**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Union Township</b>		c. CITY OR TOWN <b>Cadet, Mo., RRI</b>	d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. LENGTH OF STAY (in this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>Union Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. 1, Cadet</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>		b. (Middle) <b>Lucain</b>	
c. (Last) <b>Bourisaw</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 15 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>8-5-1900</b>
9. AGE (to years last birthday) <b>56</b>		IF UNDER 1 YEAR <b>5</b> Months <b>10</b> Days	IF UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barite Mining</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Washington Co., Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Bourisaw</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Boyer</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-28-7716</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Louise Bourisaw</b> ADDRESS <b>Cadet, Mo. RRI</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Found dead in his home on the 17th day of January 1957 &amp; appeared to have been dead since January 15th 1957</b>	
DUE TO (c) <b>home on the 17th day of January 1957 &amp; appeared to have been dead since January 15th 1957</b>		19. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <b>4222</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Myocarditis</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Cadet Rt. 1 (Union) Wash Mo.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Mo.</b>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D. R. Gibson, Coroner</b>		23b. ADDRESS <b>Potosi, Mo.</b>	
23c. DATE SIGNED <b>1-18-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-19-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joachims Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Old Mines, Mo.</b>
DATE REC'D BY LOCAL REG. <b>1/18/57</b>	REGISTRAR'S SIGNATURE <b>Robert C. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert C. Smith</b> ADDRESS <b>Potosi Mo.</b>	

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

RECEIVED

JAN 22 1957

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

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 Donnell B. Dietrich

Licensed Embalmer No. 410

P. O. Address Dept. M

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.