

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 20 1957

Registration District No. 13 Primary Registration District No. 3003 Registrar's No.

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kanasa b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Monett, Mo. 0050 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Great Bend, Mo. 815-1 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. INSTITUTION St. Vincents Hospital		Length of stay in 1b 6 days	
d. STREET ADDRESS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last William Daryl Boucher			4. DATE OF DEATH Month . Day Year 2-26-57		
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/13/1909	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller	10b. KIND OF BUSINESS OR INDUSTRY oil fields	11. BIRTHPLACE (City and state or country) Lawrence County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Frank Boucher	14. MOTHER'S MAIDEN NAME Lera Stotts
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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. 500-01-1441	17. INFORMANT Address Frank Boucher Pierce City, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial degeneration (cat.) DUE TO (b) Asthma & bronchitis 3 mo 3 months DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
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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 a. m. p. m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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 2-10-57 to 2-26-57 and last saw him alive on 2-26-57 Death occurred at 2:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Doctor or title) Frank R. Ken M.D.	22b. ADDRESS Monett Mo.	22c. DATE SIGNED 3-1-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/28/1957	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Pierce City, Missouri
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24. FUNERAL DIRECTOR William J. Wessell	ADDRESS Pierce City, Mo.	25. DATE RECD. BY LOCAL REG. 3-9-57	26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 357-42

DATE REC. 3-18-57

APR 8 1957
APR 11 1957

MAY 4

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R Gordon Bennett.....

Licensed Embalmer No 421

P. O. Address month.....

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.