S. No. 300
v. 10-48

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41366

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 102

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

**1. PLACE OF DEATH**
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perryville
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Perry Co. Mem. Hosp

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ste. Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ste. Genevieve 0950
d. STREET ADDRESS (If rural, give location): 74 N. Main

**3. NAME OF DECEASED** (Type or Print)
a. (First): Randy
b. (Middle): Paul
c. (Last): Boone

**4. DATE OF DEATH** (Month) (Day) (Year): 10-5-57

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): NO
**8. DATE OF BIRTH**: 10-5-57
**9. AGE** (In years last birthday): If under 1 year: Months / Days; If under 1 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired):
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Billy Felton Boone
**13b. MOTHER'S MAIDEN NAME**: Betty Jane Scherer
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Betty Boone
ADDRESS:

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis
INTERVAL BETWEEN ONSET AND DEATH: 25 hours

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.*
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**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Oct 5, 1957, *to* Oct 6, 1957, *that I last saw the deceased alive on* Oct 6, 1957, *and that death occurred at* 10:10 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Joseph F. Lutkewitte MD
**23b. ADDRESS**: St Marys Mo
**23c. DATE SIGNED**: Oct 7/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): [illegible]
**24b. DATE**: 10-8-57
**24c. NAME OF CEMETERY OR CREMATORY**: Crestlawn
**24d. LOCATION** (City, town, or county) (State): Ste Genevieve Mo

**DATE REC'D BY LOCAL REG.**: 10-8-57
**REGISTRAR'S SIGNATURE**: Jos J Zoellner
**25. FUNERAL DIRECTOR'S SIGNATURE**: Jerome St Stanton
**ADDRESS**: Ste Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

Not

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 _____
Student Embalmer

Signed James L. Stanton

Licensed Embalmer No. 3817

P. O. Address St. Genevieve Mo

**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 this body is not embalmed, fact should be so stated above.**