

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44749
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 599

S. 300

ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution, give name of institution) Residence before death a. STATE MISSOURI COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 518 N. Moffet Length of stay in lb 53 YRS		d. STREET ADDRESS (If outside, give location) 518 N. Moffet Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Leon Middle S. Last Boucher			4. DATE OF DEATH Month 12 - Day 8 - Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-27-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CIGAR MFG.		10b. KIND OF BUSINESS OR INDUSTRY CIGAR MFG.	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME Joseph Boucher		13b. MOTHER'S MAIDEN NAME MARGARET SUTTERLAND	14. NAME OF HUSBAND OR WIFE Kate (died 10-7-39)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year and nature of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mildred Dobkins 518 N. Moffet Joplin Mo
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 infarction			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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 only 1 visit to _____ and last saw him alive on 12-8-57 Death occurred at 10:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree of title)		22b. ADDRESS Joplin Mo.	22c. DATE SIGNED 12-12-57
23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE 12-11-1957	23c. NAME OF CEMETERY OR CREMATORY Int Hope Cem	23d. LOCATION (City, town, or county) (State) Webb City, Mo.
24. FUNERAL DIRECTOR Thornhill-Dilko ADDRESS Joplin, Mo		25. DATE RECD. BY LOCAL REG. 12-17-1957	26. REGISTRAR'S SIGNATURE Dove Merriam

JUN 6 1958

MAR 14 1958

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 David Dillon

Licensed Embalmer No. 3898

P.O. Address Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.