

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015454  
STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 162

Health,  
Welfare,  
Public  
Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

0940  
300  
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rural St. Francois</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Frankclay</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mineral Area Osteopathic Hospital</b>				Length of stay in 1b <b>5 Days</b>		d. STREET ADDRESS (If outside, give location) -----	
3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle _____ Last <b>House</b>				4. DATE OF DEATH Month <b>April</b> Day <b>28</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>1-2-1882</b>		9. AGE (In years last birthday) <b>76</b>	
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>Leadmining</b>		11. BIRTHPLACE (City and state or country) <b>Bonne Terre, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Austin House</b>				14. MOTHER'S MAIDEN NAME <b>Eliza Butts</b>			
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>493-03-9997</b>		17. INFORMANT Address <b>Lula House Frankclay, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Profound intoxication</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Acute extensive necrosis</b>							<b>4 1/2 days</b>
DUE TO (c) <b>Acute pancreatitis</b>							<b>4 1/2 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Perforated post. duodenal ulcer</b>							<b>5 days 5 1/2</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							<b>2</b>
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 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		20g. COUNTY STATE	
21. I attended the deceased from <b>4-23-58</b> , to <b>4-28-58</b> and last saw him alive on <b>4-27-58</b> Death occurred at <b>2:20 am</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Paul P. Edgar, D.O.</b>				22b. ADDRESS <b>Leadwood, Mo.</b>		22c. DATE SIGNED <b>4-28-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/30/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Leadwood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Leadwood, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Bert Boyer Funeral Home - Leadwood, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Apr. 28, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Cather Rudloff</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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 *William E. Boyer*.....

Licensed Embalmer No. *473*

P. O. Address *Leedswood*.....

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.