Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043271
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1335

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hosp. — Length of stay in 1b 23 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1210 Powell St., — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First John Middle Daniel Last Bousquet
4. DATE OF DEATH Month Day Year Dec. 11, 1958

5. SEX male
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Aug. 29, 1890
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY Ice Mfg. Co.
11. BIRTHPLACE (City and state or country) Cambridge, Massachusetts
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown Bousquet
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Mabel E. Bousquet

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 491-10-9894
17. INFORMANT Address Mabel E. Bousquet, St. Joseph, Missouri

MEDICAL CERTIFICATION

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
DUE TO (b) arteriosclerotic heart disease
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: Few hours; Since 1956

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 3:00 A.M. to 4:00 A.M. and last saw her/him alive on Dec. 11, 1958
Death occurred at 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lucien W. Ide M.D.
22b. ADDRESS 902 Edmond St. Joseph, Mo
22c. DATE SIGNED 12-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 13, 1958
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR Neuhoffer-Hyman Inc. ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 15, 1958
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Dr. Lucien W. Ide
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 29 1995

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 Elbert E. Harrington

Licensed Embalmer No. 3278

P. O. Address St. Joseph

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.