

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006814

STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 92

300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Flat River <u>6942</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 17 Coffman St.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 17 Coffman Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Alexander Last DeGonia			4. DATE OF DEATH Month March Day 4 Year 1959		
5. SEX Male	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 Sept 18th. 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 1 Days 1 Hours 24 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Plumbing Co.	11. BIRTHPLACE (City and state or country) Washington Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John DeGonia		13b. MOTHER'S MAIDEN NAME Josephine LaChance		14. NAME OF HUSBAND OR WIFE Annie Laura Adams	
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.		17. INFORMANT Edward DeGonia Elvina, Missouri Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Haemorrhage			INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension, Arterio Sclerosis DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x			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 _____ a.m. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from Jan. '59 to Mar. '59 and last saw ^{him} alive on Mar. 4, '59 Death occurred at 12:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Theodore Paul D.O. ²			22b. ADDRESS Flat River, Mo.		22c. DATE SIGNED 3/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/7/1959	23c. NAME OF CEMETERY OR CREMATORY K. of P. Cemetery		23d. LOCATION (City, town, or county) (State) St. Francois, Co. Mo
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24. FUNERAL DIRECTOR C.Z. BOYER & SON		ADDRESS Desloge, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 6, 1959	26. REGISTRAR'S SIGNATURE Ethel Rudloff	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *B. T. Boyer*

Licensed Embalmer No. *3660*

P. O. Address *Desloge, 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.