

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022583

STATE FILE NUMBER

FILED JUN 16 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 220

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 Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Flat River
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.		Length of stay in 1b 1 Week	d. STREET ADDRESS 312 W Main
3. NAME OF DECEASED (Type or print) First Jess Middle (none) Last DeGonia			4. DATE OF DEATH June 3, 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 July 10, 1894
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Theater	11. BIRTHPLACE (City and state or country) St. Francois Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John DeGonia	
14. MOTHER'S MAIDEN NAME Josephene LaChance		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. 499 01 0103		17. INFORMANT Address Mrs. Mary DeGonia, Flat River, 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) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis		unknown
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? 2 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 <input type="checkbox"/> a. m. <input type="checkbox"/> 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 COUNTY STATE	
21. I attended the deceased from May 27, 1959 , to June 3, 1959 and last saw her alive on June 2, 1959 Death occurred at 3:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Karl W. Boyer</i>			22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 6/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/5/1959	23c. NAME OF CEMETERY OR CREMATORY Oddfellow Cemetery		23d. LOCATION (City, town, or county) (State) St. Francois, Co. Mo
24. FUNERAL DIRECTOR ADDRESS G.Z. BOYER & Son Desloge, Mo			25. DATE RECD. BY LOCAL REG. June 6, 1959		26. REGISTRAR'S SIGNATURE <i>Ether Reddy</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

TAYLOR - MULLEN

JAN 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student

Signature of Student Embalmer

Signed *B. T. Boyer*

Licensed Embalmer No.

P. O. Address... Deslo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.