

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028017

FILED VS JUL 27 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 290

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 10 hrs		c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RR# 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Alvin Stanley Kerlagon				4. DATE OF DEATH Month Day Year July 17, 1960									
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 3-21-1902		9. AGE:(last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Self Employed			11. BIRTHPLACE (City and state or country) St Francois County US			12. CITIZEN OF WHAT COUNTRY US				
13a. FATHER'S NAME Zeno E Kerlagon				13b. MOTHER'S MAIDEN NAME Margaret Sharp				14. NAME OF HUSBAND OR WIFE Kathryn Kerlagon					
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. 488-42-6469		17. INFORMANT Address Mrs Alvin Kerlagon RR 1 Bonne Terre								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of myocardium DUE TO (b) Arteriosclerotic coronary thrombosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.		Month, Day, Year											
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 6-25-60 to 7-17-60 and last saw ^{her} him alive on 7-17-60 Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (D, M, or title) <i>Esther Kudloff</i>						22b. ADDRESS Bonne Terre, Mo.			22c. DATE SIGNED 7-18-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jul 19, 1960		23c. NAME OF CEMETERY OR CREMATORY Bonne Terre			23d. LOCATION (City, town, or county) Bonne Terre, Mo						
24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & Son, Inc. Bonne Terre, Mo				25. DATE RECD. BY LOCAL REG. July 19, 1960		26. REGISTRAR'S SIGNATURE <i>Esther Kudloff</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Burlin T Boyer, Jr., Student Embalmer No. 599

working under my personal supervision.

Student Burlin T. Boyer, Jr.
Signature of Student Embalmer

Signed C. Z. Boyer

Licensed Embalmer No. 4671

P. O. Address Desloge, Mo.

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