

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026473

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 285

FILED AUG 1 1961

1. PLACE OF DEATH
 a. COUNTY St Francois
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre Length of stay in 1b 50 yrs
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RR # 2 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY St Francois
 c. CITY OR TOWN Bonne Terre Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) RR # 2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Melvin Austin House
 4. DATE OF DEATH Month Day Year July 14, 1961
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2-22-1886 9. AGE (last birthday) 75
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shift Boss 10b. KIND OF BUSINESS OR INDUSTRY St Joe Lead Co 11. BIRTHPLACE (City and state or country) Bonne Terre, Mo 12. CITIZEN OF WHAT COUNTRY US
 13a. FATHER'S NAME Milton House 13b. MOTHER'S MAIDEN NAME Isabell Glore 14. NAME OF HUSBAND OR WIFE Dorethe Bockenkamp
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO 17. INFORMANT Address Herbert House, Bonne Terre, 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 Vascular Thrombosis (Hemiplegia) INTERVAL BETWEEN ONSET AND DEATH 3 wks.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
 DUE TO (c) Arteriosclerosis 8 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary and menuteic atherosclerosis. PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERF? YES 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 _____ 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 4-12-61 to 7-11-61 and last saw him alive on 7-11-61
 Death occurred at 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) M. J. Haw, J. M. D. 22b. ADDRESS Bonne Terre, Mo. 22c. DATE SIGNED 7/19/61
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Jul 17, 1961 23c. NAME OF CEMETERY OR CREMATORY Bonne Terre 23d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri

24. FUNERAL DIRECTOR ADDRESS C. Z. Boyer & Son, Inc., Bonne Terre, Mo. 25. DATE RECD. BY LOCAL REG. July 19, 1961 26. REGISTRAR'S SIGNATURE Ether Rudloff

DATE AMENDED _____
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS _____
 INSTEAD OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burlin T. Boyd, Jr.

Licensed Embalmer No. 5119

P. O. Address: Bonne Terre, 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.