

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2644**
FILED MAR 15 1962

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MISSOURI** Length of stay in 1b
 c. CITY OR TOWN **Fredericktown** Inside Limits
 Yes No
 d. STREET ADDRESS (If outside, give location) **105 W. College** Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
DONNIE J. BOATRIGHT **MARCH 7 1962**
 5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married 8. DATE OF BIRTH **5/4/1916** 9. AGE (last birthday) **15**
 Widowed Divorced
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Student** 10b. KIND OF BUSINESS OR INDUSTRY **Kennett, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.**
 13a. FATHER'S NAME **France Boatright** 13b. MOTHER'S MAIDEN NAME **Clara Jones** 14. NAME OF HUSBAND OR WIFE **None**
 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. **None** 17. INFORMANT **A.E. Boatright, 1730 Nicholson** 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) **TRACHEITIS** INTERVAL BETWEEN ONSET AND DEATH **48 HOURS**
 DUE TO (b) **THERMAL BURNS, 90% OF BODY** **48 HOURS**
 DUE TO (c) **9/6.0-16**

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
HOUSE CAUGHT FIRE

20c. TIME OF INJURY Hour a.m. Month, Day, Year
Approx 5:00 3/5/62

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.) **HOME** 20f. CITY, TOWN, OR LOCATION **FREDERICKTOWN** COUNTY **MISSOURI** STATE

21. I attended the deceased from **MARCH 5, 1962** to **MARCH 7, 1962** and last saw her/him alive on **MARCH 7, 1962**
 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) **E. Vermillion, M.D.** 22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **3/8/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3-9-62** 23c. NAME OF CEMETERY OR CREMATORY **Marcus Memorial Park** 23d. LOCATION (City, town, or county) **Fredericktown, Mo.** (State)

24. FUNERAL DIRECTOR **Najim Funeral Home, Fredericktown, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **MAR 8 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 J. W. Dinkley

Licensed Embalmer No. 3657

P. O. Address St. Louis 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.