MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024322

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 284

FILED JUL 11 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0940
2 2019
3 2
4 0
5 3
6
7 1
8 2
9 X
10
11 094
12 91-3
13 1-0

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre-RURAL — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hwy#67 1 mile south of Bonne Terre, Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY:
c. CITY OR TOWN: St Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8101 Pennsylvania — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Raymond — Middle: — Last: Bounds
4. DATE OF DEATH: Month — Day — Year: June 29, 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 3-21-1930
9. AGE (last birthday): 32 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY: Ship Building
11. BIRTHPLACE (City and state or country): New Orleans, La.
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: A.N. Bounds
13b. MOTHER'S MAIDEN NAME: Hallie G
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korea
16. SOCIAL SECURITY NO.:
17. INFORMANT: A.N. Bounds — Address: Golber, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: D.O.A.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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.): Automobile accicent, 1 car involved
20c. TIME OF INJURY: Hour a.m. 11:00 ~~p.m.~~ — Month, Day, Year: Jun 29, 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.): Highway
20f. CITY, TOWN, OR LOCATION: Hwy#67 1 Mile South Bonne Terre — COUNTY: St Francois County, Missouri — STATE:
21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 11:00 Am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Ted Boyer — (Degree or title): Coroner
22b. ADDRESS: Bonne Terre, Mo.
22c. DATE SIGNED: 6-30-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-30-1962
23c. NAME OF CEMETERY OR CREMATORY: Mount Zion
23d. LOCATION (City, town, or county) (State): Steele, Mo.
24. FUNERAL DIRECTOR — ADDRESS: McDaniel, Kennett, Mo.
25. DATE RECD. BY LOCAL REG.: June 30, 1962
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1962

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. Boyer, Jr

Licensed Embalmer No. 5117

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.