MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047573

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 110

FILED DEC 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0561
2 0561
3 2
4 1
5 1
6
7 0
8 0
9 4201
10
11
12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Canton — Length of stay in 1b: 2½ yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lewis
c. CITY OR TOWN: Canton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 603 Madison — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Florence Middle Beatrice Last Boudreau

4. DATE OF DEATH: Month Dec. Day 19, Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Nov. 28, 1891

9. AGE (last birthday): 71 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Clark County, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Dennis McDonnell

13b. MOTHER'S MAIDEN NAME: Emma Morrison

14. NAME OF HUSBAND OR WIFE: Vincent Boudreau

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.:

17. INFORMANT: Vincent Boudreau, Address: Canton, 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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arteriosclerosis — 5 yrs

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.)

20c. TIME OF INJURY: Hour a.m. p.m. 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 Dec 1-1955, to Dec 19-62 and last saw her alive on Dec 19-62

Death occurred at 915A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Francis Y Davis MD

22b. ADDRESS: CANTON MO

22c. DATE SIGNED: Dec 20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-22, 1962

23c. NAME OF CEMETERY OR CREMATORY: St. Patrick Ceme.

23d. LOCATION (City, town, or county) (State): St. Patrick, Clark Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Earl H Buckley, Canton, Mo.

25. DATE RECD. BY LOCAL REG.: 12-22-'62

26. REGISTRAR'S SIGNATURE: Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1963

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 Earl H. Barkley

Licensed Embalmer No. 7615

P. O. Address Canton, 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.