

FILED JAN 18 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2520

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6073		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY ST. FRANCOIS b. CITY (If outside corporate limits, write RURAL and give township) RURAL PERRY TWP. c. LENGTH OF STAY (in this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) R-1 BONNETERRE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS c. CITY OR TOWN RURAL d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ e. STREET ADDRESS (If rural, give location) R-1 BONNETERRE MO 0			
3. NAME OF DECEASED (Type or Print) FIRMAN GRANVILLE EDGAR		4. DATE OF DEATH (Month) (Day) (Year) JAN 9. 1954		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov. 30. 1880		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months 1	
11. BIRTHPLACE (City and State or Foreign Country) ST. FRANCOIS Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GRANVILLE EDGAR		13b. MOTHER'S MAIDEN NAME ANNIE FISTER	
14. NAME OF HUSBAND OR WIFE HATTIE EDGAR		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-30-2392		17. INFORMANT'S SIGNATURE OR NAME HATTIE EDGAR R-1 BONNETERRE MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) no record as recorded II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bridge		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 1-9, 1954 to 1-9, 1954 that I last saw the deceased alive on 1-9, 1954 and that death occurred at 9 A. m., from the causes and on the date stated above.		23a. SIGNATURE R. L. Evans, M.D.	
23b. ADDRESS R-1 BONNETERRE MO		23c. DATE SIGNED 1-12-54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 11, 1954	
24c. NAME OF CEMETERY OR CREMATORY BONNETERRE		24d. LOCATION (City, town, or county) (State) BONNETERRE MO		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE REC'D BY LOCAL REG. JAN 12, 1954		REGISTRAR'S SIGNATURE Esther Randolph		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Clarence J. Boyer*

Licensed Embalmer No. *576*

P. O. Address *Concord, N.H.*

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