

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14376

FILED APR 25 1957

STATE LICENSE

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 128

Health,  
& Welfare  
Public  
Service

300  
1-56

0941

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonneterrre, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>French Village, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bonne Terre Hosp. 24 hrs.</b>		Length of stay in 1b <b>24 hrs.</b>	d. STREET ADDRESS <b>St. Francois Co. I</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>William Francis AUBUCHON</b> <small>First Middle Last</small>			4. DATE OF DEATH <b>April 15, 1957</b> <small>Month Day Year</small>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 23, 1877</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>8</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>French Village, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Frank AUBUCHON</b>			14. MOTHER'S MAIDEN NAME <b>Missouri Ann KERLAGON</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> <small>(If yes, give war or dates of service)</small>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Chas. Aubuchon</b> <small>Address 9514 Kirchner Lemay 23, Missouri</small>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>peritonitis, nutritional degeneration</b> DUE TO (b) <b>Chr. Generalized nephritis</b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Generalized arteriosclerosis, arteries 592x</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY <b>Hour Month, Day, Year</b> <small>a. m. p. m.</small>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 <b>May 1953</b> to <b>4-15-57</b> and last saw <sup>her</sup> him alive on <b>4-15-57</b> Death occurred at <b>10:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W. D. Dealey M.D.</b> <small>(Degree or title)</small>		22b. ADDRESS <b>Dealey No</b>		22c. DATE SIGNED <b>4-16-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Apr. 17, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Catholic</b>	23d. LOCATION (City, town, or county) (State) <b>French Village, Missouri</b>		
24. FUNERAL DIRECTOR <b>Boyer-Benham Funeral Home</b>		ADDRESS <b>Bonne Terre, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Apr. 16, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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 *B. T. Boyer*.....

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.