

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1958

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 6078 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY <u>FESTUS RR #1</u> OR TOWN <u>MO</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FESTUS RR #1</u>		Length of stay in 1b <u>89 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>FESTUS RR #1</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CATHERINE</u> Middle <u>AUBUCHON</u> Last <u>AUBUCHON</u>			4. DATE OF DEATH Month <u>JAN</u> Day <u>31</u> Year <u>1958</u>			
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 21 1868</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STE. GENEVIEVE CO. MO.</u>	11. BIRTHPLACE (City and state or country) <u>STE. GENEVIEVE CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>PETER BASLER</u>		14. MOTHER'S MAIDEN NAME <u>VICTORIA RITTER</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NINE</u>	17. INFORMANT <u>Pete Aubuchon Festus RR #1</u>	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Broncho Pneumonia</u>	
	DUE TO (c) <u>Atherosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4500</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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.) <u>None</u>
20c. TIME OF INJURY Hour <u>None</u> Month <u>None</u> Day <u>None</u> Year <u>None</u> a. m. p. m.	
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.) <u>None</u>
20f. CITY, TOWN, OR LOCATION <u>St. Genevieve Mo.</u>	
20g. COUNTY <u>STE. GENEVIEVE</u>	
20h. STATE <u>MO.</u>	

21. I attended the deceased from Jan 17-1958 to Jan 30-58 and last saw her her alive on Jan 28-58  
Death occurred at P.O. 4500 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ed Adams, M.D.</u> (Degree or title)	22b. ADDRESS <u>St. Genevieve Mo.</u>	22c. DATE SIGNED <u>1-31-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>FEB 3 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST ANNS</u>	23d. LOCATION (City, town, or county) (State) <u>FRENCH VILLAGE MI</u>
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24. FUNERAL DIRECTOR <u>Lea C. Basler Ste. Genevieve Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Feb. 2, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Will. Basler</u>
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death, welfare, public service, 100-56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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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 *Adrian J. Ellis*.....

Licensed Embalmer No. 47.....

P. O. Address *St. Ignace*.....

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