

No. 300
10.48

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7229

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 10

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 OR TOWN <u>RURAL JACKSON T.S.</u>		c. CITY OR TOWN <u>RURAL JACKSON TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>FETUS RR 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>MARY</u> c. (Last) <u>AUBUCHON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 15 1950</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 23 1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>FRENCH VILLAGE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>LUCIEN AUBUCHON</u>		13b. MOTHER'S MAIDEN NAME <u>THERESA LAHAYE</u>		14. NAME OF HUSBAND OR WIFE <u>CATHERINE BASLER</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pete Aubuchon</u> ADDRESS <u>Fetus Mo RR 1</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>422)</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Dec. 10, 1949, to Feb. 15, 1950, that I last saw the deceased alive on Feb. 10, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Lanning</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Louis Mo</u>	23c. DATE SIGNED <u>2/16/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 18 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. ANN'S</u>	24d. LOCATION (City, town, or county) (State) <u>FRENCH VILLAGE MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 27, 1950</u>	REGISTRAR'S SIGNATURE <u>L. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Les C. Basler</u> ADDRESS <u>St. Genevieve Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

950

RECEIVED

MAR 4 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350 - 295

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.

Signed Seac. Barber

Signed.....
Student Embalmer

Licensed Embalmer No. 1985

P. O. Address St. Lawrence St.

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 this body is not embalmed, fact should be so stated above.