

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15382

FILED MAY 2 1942

Registration District No. 1194

Primary Registration District No. 6020A

Registrar's No. 17

94  
2  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Osborne Terre Haute  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Osborne Terre Haute Hospital  
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 7 days (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME PAULINE AUBUCHON

3. (b) If veteran, name war V

3. (c) Social Security No. V

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Adrian Aubuchon

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 24 1860  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Valle Mines Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John B. Rougely

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Angenia Miller

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Aubuchon

(b) Address R.R. 1 Osborne Terre Haute Mo

17. (a) Burial (b) Date thereof April 7, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation French Village

18. (a) Signature of funeral director Berkman & Co.

(b) Address 313 Benton Osborne Terre Haute Mo

19. (a) 4-7-42 (b) Byrda S. Burkmaster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Osborne Terre Haute  
(If outside city or town limits, write "RURAL")

(d) Street No. R. Route 1 Box 35  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from mar 30  
1942 to April 5, 1942  
that I last saw her alive on April 4, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature C. H. Haskberry (M. D. or other) MD  
Address Osborne Terre Haute Mo Date signed 4/6/42

1194

RECEIVED  
District Health Officer No. 7  
District File Number 542-54  
Date Filed 5-12-42

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 ad  
Leonard John Vargo, Registered Apprentice No. 311  
working under my personal supervision.

Signed C. J. Claywell  
Licensed Embalmer No. 3706  
P. O. Address Barnes Jewell 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 this body is not embalmed, fact should be so stated above.