No. 300
10-48

FILED FEB 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7221

BIRTH NO. 48-45653 REG. DIST. NO. 368 PRIMARY REG. DIST. NO. 6248 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richwoods Rural
c. LENGTH OF STAY (in this place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richwoods Twp.
d. STREET ADDRESS (If rural, give location): D

3. NAME OF DECEASED (Type or Print)
(First): BRENDA
(Middle): DIANA
(Last): THEBEAU

4. DATE OF DEATH (Month) (Day) (Year): FEB. 5 1949

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 7/27/48
9. AGE (In years last birthday): — If under 1 year: Months 6, Days 9; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Richwoods MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Vivian Thebeau
13b. MOTHER'S MAIDEN NAME: Minnie Adams
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Minnie Adams
ADDRESS: Richwoods, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

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 ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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* Feb 2, 1949, *to* Feb 5, 1949, *that I last saw the deceased alive on* Feb 5, 1949, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. P. Angela, D.O.
BOYER FUNERAL HOME
23b. ADDRESS: Ste Sole, Mo — Potosi, Mo
23c. DATE SIGNED: 2/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Feb. 7, 1949
24c. NAME OF CEMETERY OR CREMATORY: ST. STEPHENS
24d. LOCATION (City, town, or county) (State): Richwoods MO.

DATE REC'D BY LOCAL REG.: 2/7-49
REGISTRAR'S SIGNATURE: [signature]
334
25. FUNERAL DIRECTOR'S SIGNATURE: Boyer Funeral Home
ADDRESS: Potosi, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4

File Number 249-23

Date Filed 2-15-9

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 Mary M. Smith

Licensed Embalmer No. H 3944

P. O. Address Potosi, Mo.

Signed _____
Student Embalmer

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.