

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34853

State File No.

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6071 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Massachusetts</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Marion Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Marion Twp</u>		d. STREET ADDRESS (If rural, give location) <u>French Village</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRENE</u> b. (Middle) <u>CECELIA</u> c. (Last) <u>ARCHAMBO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5, 1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	9. AGE (In years) (Last birthday) (Month) (Day) (Year) <u>37 5 2</u>
11. BIRTH PLACE (State or foreign country) <u>Bonne Terre Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fernand Dubuchan</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Mae Morris</u>	
14. NAME OF HUSBAND OR WIFE <u>William C. Archambo</u>		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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William C. Archambo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>59-2X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr 13, 1947</u> to <u>Oct. 7, 1949</u> , that I last saw the deceased alive on <u>Sept. 1, 1949</u> , and that death occurred at <u>4451</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. L. Evans M.D.</u>		23b. ADDRESS <u>Bonne Terre Mo.</u>	
23c. DATE SIGNED <u>10-8-1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 10 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>French Village Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bentley H. B. Bonnetiere Mo</u>	
25. ADDRESS <u>French Village Mo</u>		DATE REC'D BY LOCAL REG. <u>Oct 9, 1949</u>	
REGISTRAR'S SIGNATURE <u>Esther Ruder</u>		25. ADDRESS <u>French Village Mo</u>	

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

RECEIVED 10-18-49

Health Officer No. 4

License Number 1049-1369

DATE

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 Ernest J. Graywell

Signed _____

Student Embalmer

Licensed Embalmer No. 13706

P. O. Address San Jose, Cal.

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.