

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 STE. GENEVIEVE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE. GENEVIEVE				
b. CITY OR TOWN RURAL JACKSON T.S.		c. LENGTH OF STAY (in this place) LIFE		c. CITY OR TOWN RURAL JACKSON TOWNSHIP		d. STREET ADDRESS (If rural, give location) FETUS RR 1 0950		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE								
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS			b. (Middle) MARY		c. (Last) AUBUCHON		4. DATE OF DEATH (Month) (Day) (Year) FEB 15 1950	
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR 23 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) FRENCH VILLAGE MO		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME LUCIEN AUBUCHON			13b. MOTHER'S MAIDEN NAME THERESA LAHAYE		14. NAME OF HUSBAND OR WIFE CATHERINE BASLER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Peto Aubuchon Fetus RR 1				
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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH ? ? 422)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
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 R. L. Lanning (Degree or title) M.D.					23b. ADDRESS Ste. Genevieve MO		23c. DATE SIGNED 2/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 18 1950		24c. NAME OF CEMETERY OR CREMATORY ST. ANN'S		24d. LOCATION (City, town, or county) (State) FRENCH VILLAGE MO		
DATE REC'D BY LOCAL REG. Feb 27, 1950		REGISTRAR'S SIGNATURE L. J. ...			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Leo C. Basler Ste. Genevieve Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Geo. C. 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.