

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29311

FILED SEP 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Washington</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Union</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Union</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 21 new old mines</b>			d. STREET ADDRESS (If rural, give location) <b>old mines</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LeRoy</b>		b. (Middle) <b>Stanley</b>		c. (Last) <b>Thebeau</b>		
4. DATE OF DEATH (Month) <b>8</b> (Day) <b>25</b> (Year) <b>1951</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>2-5-1939</b>		9. AGE (In years last birthday) <b>12</b> IF UNDER 1 YEAR Months <b>6</b> Days <b>20</b> IF UNDER 2 HRS. Hours <b>0</b> Min. <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Old Mines, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Stanley Thebeau</b>		13b. MOTHER'S MAIDEN NAME <b>Genevive Pashia</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Stanley Thebeau Old Mines, Mo</b>						
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) <b>Fracture of skull and compound fracture right tibia - multiple laceration and abrasion</b>				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>multiple</b>		DUE TO (c) <b>Struck by a car, while riding bicycle</b>		
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"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway, Old Mines</b>		
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Old Mines Washington Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8 25 1951 6 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? <b>Struck by an automobile</b>						
22. I hereby certify that I attended the deceased from <b>no physician</b> , 19____, that I last saw the deceased alive on <b>June</b> , 19____, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE <b>Joseph L. Plummer, M.D.</b>			23b. ADDRESS <b>Potosi, Mo.</b>		23c. DATE SIGNED <b>8-25-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-28-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Joachims Cemetery</b>		
24d. LOCATION (City, town, or county) (State) <b>Old Mines Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Rudall</b>		ADDRESS <b>Smith &amp; Higginbotham, F.H. Potosi Mo</b>		
DATE REC'D BY LOCAL REG. <b>8/25/51</b>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

476  
208  
L...  
No

...  
...

RECEIVED  
AUG 28 1951  
WASH. COUNTY HEALTH DEPT.  
File No. 851-223

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.

Student .....  
Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.

12/25/8