S. No. 300
v. 10-48

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21650

State File No. .....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 199

941
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNE TERRE 0941
d. STREET ADDRESS (If rural, give location): 153 MIDDLE 0

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle): ELVINA
c. (Last): AUBUCHON

4. DATE OF DEATH (Month) (Day) (Year): JUNE 19, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT 29, 1883
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months 6 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): FRENCH VILLAGE MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ANTOINE CARROW
13b. MOTHER'S MAIDEN NAME: MARY AUBUCHON
14. NAME OF HUSBAND OR WIFE: CLARENCE E. AUBUCHON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: CLARENCE E. AUBUCHON ADDRESS: BONNE TERRE 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) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Phlebitis iliac vein — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gall bladder disease probably stones — 1 week

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 463X
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* June 13, 1952, *to* June 19, 1952, *that I last saw the deceased alive on* June 19, 1952, *and that death occurred at* 1:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vern W. Taylor (Degree or title) MD
23b. ADDRESS: Bonne Terre Mo
23c. DATE SIGNED: 6-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: ST JOSEPH'S
24d. LOCATION (City, town, or county) (State): BONNE TERRE MO.

DATE REC'D BY LOCAL REG.: June 21, 1952
REGISTRAR'S SIGNATURE: Esther Rudloff 289-01
25. FUNERAL DIRECTOR'S SIGNATURE: Benham Hud Co. Bonne Terre Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.