No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29173

FILED AUG 18 1952

BIRTH NO. 124 47959 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 256

1. PLACE OF DEATH
a. COUNTY St. Francois 0900 0
b. CITY OR TOWN St. Francois Twp (township) Farmington -Rural
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mineral Area Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Washington 1100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Star Route / Blackwell Mo.
d. STREET ADDRESS (If rural, give location) Rural - Star Route.

3. NAME OF DECEASED (Type or Print)
a. (First) TIMOTHY
b. (Middle) GERARD
c. (Last) DECLUE

4. DATE OF DEATH (Month) (Day) (Year) Aug. 3 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 8-2-52

9. AGE (In years last birthday) | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. 30 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Fertile, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Aloysius Joseph DeClue

13b. MOTHER'S MAIDEN NAME Genevieve Marie Valle

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 A.J. DeClue, Star Route, Blackwell, 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) Prematurity (3 months) — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs.

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 776 X

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* Aug 2, 1952, *to* Aug. 3, 1952, *that I last saw the deceased alive on* Aug. 3, 1952, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Thos. E. Orr (Degree or title) M.D.

23b. ADDRESS De Soto, Mo.

23c. DATE SIGNED 8/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY Saint Joachim

24d. LOCATION (City, town, or county) (State) Old Mines, Mo.

DATE REC'D BY LOCAL REG. Aug 3, 1952

REGISTRAR'S SIGNATURE Esther Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE A. J. DeClue

ADDRESS Star Route Blackwell, Mo

(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 ..... Student Embalmer No. ..... working under my personal supervision.

Not embalmed

Student ..... Student Embalmer

Signed A. J. Dedue

Licensed Embalmer No. Not Embalm

P. O. Address Star Route Bellaire

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.