

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED APR 8 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u> <u>0941</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>43 W. SCHOOL ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>43 W. SCHOOL ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>AUBUCHON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 27, 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 27, 1873</u>	9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u> Hours <u>0</u> Mins.
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10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>DIAMOND DRILL OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ST. JOSEPH LEAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BONNE TERRE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>CHARLES F. AUBUCHON</u>	13b. MOTHER'S M maiden NAME <u>KATIE SHANON</u>	14. NAME OF HUSBAND OR WIFE <u>ROSIE B. AUBUCHON</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY (If yes, give no. or date of service) <u>493-03-9618</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOSEPH RODGERS</u>	ADDRESS <u>BONNE TERRE MO</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aplastic anemia</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined cause</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2924</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1-20, 1953 to 3-25, 1953, that I last saw the deceased alive on 3-25, 1953, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Leber, M.D.</u>	23b. ADDRESS <u>33 N. Allen, Bonne Terre, Mo.</u>	23c. DATE SIGNED <u>3-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BONNE TERRE</u>	24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 30, 1953</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Constance D. ...</u>	ADDRESS <u>Bonne Terre Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Clarence J. Raywell*

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.