

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36947**

FILED NOV 9-1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 371

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>FRANK CLAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FRANK CLAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRANK CLAY</u>		c. LENGTH OF STAY (in this place) <u>36 YEARS</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>ELI</u> c. (Last) <u>AUBUCHON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 28, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 10, 1879</u>
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEDICAL DOCTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <u>74</u> <u>1</u> <u>18</u>
		11. BIRTHPLACE (State or foreign country) <u>FRENCH VILLAGE MO</u>	
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>ELI AUBUCHON</u>		13b. MOTHER'S MAIDEN NAME <u>MALISSA BECKETT</u>		14. NAME OF HUSBAND OR WIFE <u>LENA AUBUCHON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS LENA AUBUCHON FRANKCLAY, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Not known</u>			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <u>4201</u>		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.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>	
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? <u>---</u>	

22. I hereby certify that I attended the deceased from Nov. 10, 1953 to Oct. 28, 1953 that I last saw the deceased alive on Oct. 22, 1953 and that death occurred at 11:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Huntz M.D.</u>		23b. ADDRESS <u>Leadwood, Mo.</u>		23c. DATE SIGNED <u>10/30/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/31/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST FRANCOIS MEMORIAL PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>BOWNE TERRACE, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beit L. Boyer</u>		ADDRESS <u>Leadwood, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 30, 1953</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>			

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1953

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 William E. Bayer

Licensed Embalmer No. 4730

P. O. Address Leadwood, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.