

No. 300
10-48

FILED DEC 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38477

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 376

0940

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Leadwood		c. CITY OR TOWN Leadwood	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 52 Years		e. STREET ADDRESS (If rural, give location) 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leadwood			

3. NAME OF DECEASED (Type or Print) Fanny	a. (First)	b. (Middle)	c. (Last) Aulsbury	4. DATE OF DEATH Nov. 30, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 4, 1875	9. AGE (In years last birthday) 79	10 UNDER 1 YEAR Months 3 Days 26	10 OVER 1 YEAR Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Francois County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Hutching	13b. MOTHER'S MAIDEN NAME Caroline Yeargain	14. NAME OF HUSBAND OR WIFE John Aulsbury
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Miller	ADDRESS Leadwood, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Hypertensive cardio-vascular renal disease, with severe cardiac decompensation		
	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 442x	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) (Min.)	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 **July 6, 1954** to **Nov 30, 1954**, that I last saw the deceased alive on **Nov 27, 1954**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John W. Hunter MD	(Degree or title)	23b. ADDRESS Leadwood Mo	23c. DATE SIGNED 12/1/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/3/54	24c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery	24d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri
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DATE REC'D BY LOCAL REG Dec 1, 1954	REGISTRAR'S SIGNATURE Ether Rudloff	25. GENERAL DIRECTOR'S SIGNATURE But R. Boyer	ADDRESS Leadwood, Mo.
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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.....
Signature of Student Embalmer

Signed *William E. Boyer*.....

Licensed Embalmer No. *473*.....

P. O. Address *Leakwood*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.