

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union</b>		c. CITY OR TOWN <b>Rural-Union</b>	
c. LENGTH OF STAY (in this place) <b>life</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Near Cadet</b>		e. STREET ADDRESS (If rural, give location) <b>Near Cadet</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Patrick</b> b. (Middle) c. (Last) <b>Sansoucie</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 16 1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>9-12-1884</b>
9. AGE (in years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Richwood, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Sansoucie</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sylvaster Sansoucie, St Louis, Mo</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b> 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. <b>4222</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Cadet Rural Union Wash Mo</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cadet Rural Union Wash Mo</b>	
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?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:45 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Dr. H. L. Gibson, Dr. Leonard P. Patois, M.D.</b>		23b. ADDRESS <b>Patois, Mo.</b>	
23c. DATE SIGNED <b>12-17-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>12-19-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Joseph Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Tipp. Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edna M. Smith</b>	
DATE REC'D BY LOCAL REG. <b>12-17-55</b>		REGISTRAR'S SIGNATURE <b>H. L. Gibson</b>	
ADDRESS <b>Potosi, Mo</b>		26. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

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

RECEIVED

DEC 20 1955

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

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 *Mary M. Smith*  
Licensed Embalmer No. *43*  
P. O. Address *Potosi, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.