

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40848

State File No.

BIRTH NO.		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>5213</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>CARTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>CARTER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JACKSON TWP 11 YRS</u>		c. LENGTH OF STAY (in this place) <u>11 YRS</u>		c. CITY OR TOWN <u>ELLSINORE</u>		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 <u>Rt 2, ELLSINORE, MO</u>				e. STREET ADDRESS (If rural, give location) <u>Rt 2, ELLSINORE, MISSOURI</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u>		b. (Middle) <u>ROSETTA</u>		c. (Last) <u>AUBUCHON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>July 2 1894</u>	
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>5</u>		11. DAYS <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LUCIAN Aubuchon</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Cole</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NOAH Aubuchon, Rt 2, ELLSINORE</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial hypertension</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>447.X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min)		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 <u>3-19</u> , 19 <u>54</u> , to <u>Dec. 4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-26</u> , 19 <u>56</u> , and that death occurred at <u>10:37 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank J. Rusinski, D.O.</u>		23b. ADDRESS <u>Van Buren, Mo</u>		23c. DATE SIGNED <u>12-6-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smiths Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>CARTER County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 7-56</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edman W. Henson Van Buren Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

0180
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

50

RECEIVED

JUN 13 1956

CARTER COUNTY
HEALTH CENTER

1956 JUN 22

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 *Allen C. McGee*.....

Licensed Embalmer No. *454*.....

P. O. Address *Van Buren*.....

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.