

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41954

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>121</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Joachim</u>		c. LENGTH OF STAY (Months) <u>2 Months</u>		c. CITY OR TOWN <u>Rural Joachim</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mountain View Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>Route #2 Festus, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u>		b. (Middle) <u>Aloy</u>		c. (Last) <u>Aubuchon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14, 1956</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 19, 1900</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glassworker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brickeys, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Linn Aubuchon</u>		13b. MOTHER'S MAIDEN NAME <u>Susan McCarty</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine Akins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-03-8350</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Catherine Aubuchon, Festus, Mo.</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, arteria, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Carcinoma of lower jaw, gingiva</u>  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. <u>Chronic paranoia</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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.)		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>Nov. 2</u> , 19 <u>56</u> , to <u>Dec 10</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Dec. 10</u> , 19 <u>56</u> and that death occurred at <u>12:30 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Bertner Belpen M.D.</u>		(Degree or title)		23b. ADDRESS <u>Festus, Mo</u>		23c. DATE SIGNED <u>12/15/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 16, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Charter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-15-56</u>		REGISTRAR'S SIGNATURE <u>James G. Lydon</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vinyard Fun'l Homes, Inc., Festus, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 19 1956

JAN 8

1957

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.....

Licensed Embalmer No.....

P. O. Address.....

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.