

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157 021617  
STATE FILE NUMBER

FILED JUL 3 1957

Registration District No. 163 Primary Registration District No. 5-2-93 Registrar's No. 30

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1. PLACE OF DEATH a. COUNTY JEFF.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFF.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLATTIN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CRYSTAL CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ROSE HILL N. H. INSTITUTION		Length of stay in hospital 3 MONTHS		d. STREET ADDRESS 408 6TH ST.	
3. NAME OF DECEASED (Type or print) First Middle Last MARY Z. AUBUCHON			4. DATE OF DEATH 6-20-57		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-31-1871	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		100. KIND OF BUSINESS OR INDUSTRY OWN		11. BIRTHPLACE (City and state or country) BLOOMSDALE, MO.	
13. FATHER'S NAME MOSE LAROSE			14. MOTHER'S MAIDEN NAME UNKNOWN		
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 EDDIE AUBUCHON CRYSTAL CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular disease</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>July 10, 57</u> to <u>June 17, 57</u> and last saw her alive on <u>June 17, 57</u> . Death occurred at <u>1:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Bernice Sulgro, MD</u> (Degree & title)			22b. ADDRESS <u>Fector, Mo.</u>		22c. DATE SIGNED <u>6/21/57</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>BURIAL</u>		23b. DATE <u>6-22-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC</u>	
				23d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY, MO.</u>	
24. FUNERAL DIRECTOR <u>Anthony R. Palotte</u> ADDRESS <u>Crystal City, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>6-24-1957</u>		26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 27 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 *Geoffrey R. Pal* .....

Licensed Embalmer No. *3*

P. O. Address *Crystal*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.