

pt. Health,
c., & Welfare
S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38981

STATE FILE NUMBER

FILED NOV 6 1957

Registration District No. 366 Primary Registration District No. 6242 Registrar's No. 89

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kingston Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Union Township</u> 1100 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Big Riv. Bridge Min.</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Cadet, Mo. RR#1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Berverly Ann Thebeau</u>			4. DATE OF DEATH Month Day Year <u>Oct. 31 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-3-1943</u>
9. AGE (In years last birthday) <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	11. BIRTHPLACE (City and state or country) <u>Washington Co., Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Stanley Thebeau</u>		13b. MOTHER'S MAIDEN NAME <u>Genevieve Pashia</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Stanley Thebeau, Cadet, Mo. RR#1</u>
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Influenza</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Muscular Dystrophy</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>481X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>Sept 30/57</u> to <u>Oct 9/57</u> and last saw her <u>Oct 31, 1957</u> alive on <u>Oct 31, 1957</u> . Death occurred at <u>8:00</u> m in the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. J. Presnell</u>		22b. ADDRESS <u>Potosi, Mo.</u>	22c. DATE SIGNED <u>11/2/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-4-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims Cemetery</u>	23d. LOCATION (City, town, or county) <u>Old Mines, Mo.</u>
24. FUNERAL DIRECTOR <u>Richard W. Smith</u> ADDRESS <u>Potosi Mo</u>		25. DATE/RECD. BY LOCAL REG. <u>11/2/57</u>	26. REGISTRAR'S SIGNATURE <u>Arburt Rudall</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

103

(Licensed Embalmer's Statement on Reverse Side)

S4Sd

200

NOV 26 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 C. H. Boyd _____

Licensed Embalmer No. 4158

P. O. Address Toledo 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.