

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020598

FILED VS MAY 17 1960

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 185 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Washington									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington -rural		Length of stay in 1b 5 Days		c. CITY OR TOWN Richwoods Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Osteo- pathic Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Fletcher, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) John Christopher Thebeau				4. DATE OF DEATH Month May Day 10 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/14/92		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Washington Co., Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Louis Thebeau				13b. MOTHER'S MAIDEN NAME Mary Roderique				14. NAME OF HUSBAND OR WIFE Eugenia Thebeau					
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 Curtis Thebeau		Address Star Route, DeSoto, 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) Det. Lobar pneumonia										INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary decompensation										5 yrs.			
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m.		Month, Day, Year											
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 May 5, '60 to May 10, '60 and last saw him alive on May 10, '60 Death occurred at 8:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Chas. E. Owen (Degree or title) DO						22b. ADDRESS De Soto, Mo			22c. DATE SIGNED 5-12-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/13/60		23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) DeSoto, Mo.		(State)					
24. FUNERAL DIRECTOR J. Lee Mothershead, DeSoto, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. May 13, 1960		26. REGISTRAR'S SIGNATURE Ether Redloff					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 24 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Lee Mathushe

Licensed Embalmer No. 3531

P. O. Address De Soto

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.