URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 1 1960

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 58

=60-022139
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Wash.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~XXXXX XXXXX~~ Union
Length of stay in 1b: 5 Min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Racola
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Wash.
c. CITY OR TOWN Potosi
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Michael Middle Abrahan Last DeClue
4. DATE OF DEATH: Month May Day 30 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/21/1907
9. AGE (last birthday): 52
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shovel Operator
10b. KIND OF BUSINESS OR INDUSTRY: Barite Mines
11. BIRTHPLACE (City and state or country): Wash. County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Lucien DeClue
13b. MOTHER'S MAIDEN NAME: Lora Politte
14. NAME OF HUSBAND OR WIFE: Eva DeClue
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498 -12-8967
17. INFORMANT: Eva DeClue Address: Potosi Rt. 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from May 30/60 to May 30/60 and last saw ~~him~~ her alive on May 30/60
Death occurred at 11:20 AM m on the date stated above, and to the best of my knowledge from the causes stated.
22a. SIGNATURE D. Thesswell MD (Degree or Title)
22b. ADDRESS Potosi Mo
22c. DATE SIGNED 5/31/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/2/60
23c. NAME OF CEMETERY OR CREMATORY: St. Joachims
23d. LOCATION (City, town, or county) (State): Old Mines Mo.
24. FUNERAL DIRECTOR: Arthur W. Smith ADDRESS: Potosi Mo.
25. DATE RECD. BY LOCAL REG.: 5/31/60
26. REGISTRAR'S SIGNATURE: Helen Kendall

(Licensed Embalmer's Statement on Reverse Side)

[illegible]

[illegible] 3 1950

STATEMENT BY LICENSED EMBALMER

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_____ Signed Donnell B. Dietrich
Signature of Student Embalmer

Licensed Embalmer No. 4104

P. O. Address Desoto Mo.

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