

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1960

-60-033625

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 73

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <u>WASHINGTON</u>		Length of stay in 1b		a. STATE <u>Mo.</u>		b. COUNTY <u>WASH.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union</u>		<u>All life</u>		c. CITY OR TOWN <u>Tiff, Missouri</u>		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>1 mi. E of Tiff, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1 mi. E of Tiff, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last				4. DATE OF DEATH Month Day Year				
<u>JULIA ELIZABETH AUBUCHON</u>				<u>AUG. 9 1960</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-22-76</u>		
				9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months <u>10</u> Days <u>17</u> Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Old Mines, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Tojo Bourisaw</u>			13b. MOTHER'S MAIDEN NAME <u>Annah Royer</u>			14. NAME OF HUSBAND OR WIFE <u>Daily Aubuchon</u>		
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 <u>Chet Aubuchon, Cadet, Mo. RT #1</u>			
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>arterio-sclerotic cardio-vascular disease</u> DUE TO (b) <u>disease</u> DUE TO (c) <u>2/ nephrosclerosis</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u>	
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"/> <u>no.</u>		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"/> <u>no.</u> 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>Apr 2, 1956</u> , to <u>Aug 9, 1960</u> and last saw ^{her} alive on <u>Aug 3, 60</u> Death occurred at <u>1130 p</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Harold V. Neppmeyer M.D.</u>				22b. ADDRESS <u>Potosi, Mo.</u>		22c. DATE SIGNED <u>Aug 19, 60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG. 12 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>TIFF- St. Joseph</u>		23d. LOCATION (City, town, or county) (State) <u>TIFF Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>SMITH FUNERAL HOME POTOSI, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>8/12/60</u>		26. REGISTRAR'S SIGNATURE <u>Harold V. Neppmeyer</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed Donnell B. Dehn

Licensed Embalmer No. 4104

P. O. Address Depto. 71

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