

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005730

FILED VS MAR 1 1961 162

Primary Registration District No. 5545

Registrar's No. 15

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK				Length of stay in 1b 6 YRS		c. CITY OR TOWN NEAR ANTONIA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) BARNHART ROUTE ONE	
3. NAME OF DECEASED (Type or print) First Ada Middle CLARA Last AUBUCHON				4. DATE OF DEATH Month 2 Day 13 Year 61			
5. SEX FEMALE		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH OCT 17 1906	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY HOME		9. AGE (last birthday) 60		11. BIRTHPLACE (City and state or country) BLOOMSDALE MO	
13a. FATHER'S NAME CLOVIS CHARLEVILLE		13b. MOTHER'S MAIDEN NAME PHILOMENA BOYER		14. NAME OF HUSBAND OR WIFE DIVORCED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				17. INFORMANT BERNICE HOFFARTH BARNHART MO.			
16. SOCIAL SECURITY NO.				Address			
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) DIABETES MELITUS - DUE TO (c) _____ 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 12 Hrs 2 yrs -	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>							
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 CORONER'S VIEW and last saw her/him alive on _____ Death occurred at 3:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James E. Palmer M.D. Coroner				22b. ADDRESS Antonia, MO.		22c. DATE SIGNED 2-13-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB 16 1961		23c. NAME OF CEMETERY OR CREMATORY BLOOMSDALE CATHOLIC		23d. LOCATION (City, town, or county) (State) BLOOMSDALE MO	
24. FUNERAL DIRECTOR HEILIGTAG FUNERAL HOME MO		ADDRESS ANTONIA		25. DATE RECD. BY LOCAL REG. 2-16-61		26. REGISTRAR'S SIGNATURE Robert E. Bauer	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer H. Heiligtag

Licensed Embalmer No. 3571

P. O. Address Imperial 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.