

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041507

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 154

FILED DEC 12 1961

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

RURAL JOACHIM

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION JEFF. CO. HOSP.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY JEFF.

c. CITY

CRYSTAL CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

408 6th. STREET-

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

FIRST VIRGINIA

Middle

C.

LAST AUBUCHON

4. DATE OF DEATH

Month 12-3-61

Day

Year

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-14-18

9. AGE (last birthday)

43

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (City and state or country)

PIEDMONT, MISSOURI

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

ED. ALLEN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

IRVIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

IRVIN AUBUCHON CRYSTAL CITY, 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)

Glomerulonephritis, chronic

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)

Anemia, Secondary

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

21. I attended the deceased from Nov. 12, 1961 to Dec. 3, 1961 and last saw her him alive on Dec. 3, 1961
Death occurred at 5:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION REMOVAL (Specify)

BURIAL

23b. DATE

12-6-61

23c. NAME OF CEMETERY OR CREMATORY

CATHOLIC CEMETERY

23d. LOCATION (City, town, or county)

CRYSTAL CITY, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-5-61

26. REGISTRAR'S SIGNATURE

James G. Rigdon

GENTRY R. POLITTE CRYSTAL CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 1 1962

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

Gentry B. Little

Licensed Embalmer No.

3481

P. O. Address

Crystal City

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.