

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016504

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160

Primary Registration District No. 559

Registrar's No. 14

FILED MAY 1 1963

1. PLACE OF DEATH

a. COUNTY JEFFERSON

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

JOACHIM TOWNSHIP

Length of stay in 1b

4 Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Mt. View Nursing Home

Inside Limits

Yes ☐ No ☒

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

a. STATE Missouri

b. COUNTY JEFFERSON

c. CITY

CRYSTAL CITY, MO.

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 513 TAYLOR AVE.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First CLAUDE

Middle

2. AUBUCHON

Last

Last

4. DATE

Month

Day

Year

OF DEATH

APRIL 22

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☒ Divorced ☐

8. DATE OF BIRTH

1-31-01

9. AGE (last birthday)

62

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)

OFFICE WORKER

10b. KIND OF BUSINESS OR INDUSTRY

GLASS FACTORY

11. BIRTHPLACE (City and state or country)

SULPHUR SPRINGS MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

ZENO AUBUCHON

13b. MOTHER'S MAIDEN NAME

NELLIE NOKES

14. NAME OF HUSBAND OR WIFE

FRIEDA AUBUCHON

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.

MRS. FRIEDA AUBUCHON, CRYSTAL CITY, MO.

17. INFORMANT

Address 513 TAYLOR

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

4 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIO SCLEROSIS

DUE TO (c)

UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

DIABETES MELLITAS

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

Month, Day, Year

a.m.

p.m.

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 APRIL 23, 1962 to PRESENT and last saw him alive on APRIL 22, 1963

Death occurred at 10:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. M. Mayfield, M.D.

22b. ADDRESS

Crystal City, Mo.

22c. DATE SIGNED

4/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-25-63

23c. NAME OF CEMETERY OR CREMATOR

METHODIST

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

FESTUS, MISSOURI

24. FUNERAL DIRECTOR

James R. Cady

ADDRESS

Crystal City, Mo.

25. DATE RECD. BY LOCAL REG.

4-23-63

26. REGISTRAR'S SIGNATURE

June G. Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0500

2 0501

3

4 0

5 1

6

7 0

8 0

9 332X

10

11

12 86-0

13 1-0

1961 JUN 21

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 James Richard Cody
Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY, 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.