

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11326

110
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—8

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6244</u>		Registrar's No. <u>18</u>		
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>				
b. CITY OR TOWN <u>Union Twp (Rural)</u>		c. LENGTH OF STAY (in this place) <u>86 yrs</u>		c. CITY OR TOWN <u>(Rural) Union Twp</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cadet, Rt. 1</u>				d. STREET ADDRESS (If rural, give location) <u>Cadet, Rt. 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tobias</u> b. (Middle) <u>R</u> c. (Last) <u>THEBEAU</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 29 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 3 1868</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>—</u> Days <u>26</u>		IF UNDER 2 HRS. Hours <u>—</u> Min. <u>—</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>OSCAR THEBEAU</u>			13b. MOTHER'S MAIDEN NAME <u>ROSE L. BOURISAW</u>		14. NAME OF HUSBAND OR WIFE <u>LIZZIE THEBEAU</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lizzie Thebeau Cadet, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular heart lesion.</u> ANTECEDENT CAUSES <u>arterio sclerosis.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza. 4/2</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>7-2</u> , 19 <u>48</u> to <u>3-29</u> , 19 <u>49</u> that I last saw the deceased alive on <u>3-20</u> , 19 <u>49</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Joseph L. Pfluman, M.D.</u>				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>3-29-1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 31 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims</u>		24d. LOCATION (City, town, or county) (State) <u>Old Mines MO.</u>		
DATE REC'D BY LOCAL REG. <u>3/29/49</u>		REGISTRAR'S SIGNATURE <u>Archie G. Gurdahl</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyer Funeral Home, Potosi, Mo.</u>				

RECEIVED

Health Officer No. 4
File Number 449-454
Date Filed 4-5-49

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 _____
Student Embalmer

Signed Mary M Smith

Licensed Embalmer No. 4394

P. O. Address Potosi 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 this body is not embalmed, fact should be so stated above.