

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27781
Registrar's No. 66

FILED SEP 7 1951

BIRTH NO.		REG. DIST. NO. <u>273</u>	PRIMARY REG. DIST. NO. <u>5915</u>	Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Central Township</u>		c. LENGTH OF STAY (in this place) <u>2 Months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Township</u>		d. STREET ADDRESS (If rural, give location) <u>Perryville, R.1.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hill View Rest Home</u>			d. STREET ADDRESS (If rural, give location) <u>Perryville, R.1.</u>		
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Aubuchon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>January 2, 1871</u>		9. AGE (In years last birthday) <u>80</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>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Peter Aubuchon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Cissell</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzie Lincoln</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'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lytle Hulsey, Flat River, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral incompetence</u> DUE TO (c) <u>Infants 9 age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				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. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>July</u> , 19 <u>51</u> , to <u>Aug 17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 17</u> , 19 <u>51</u> , and that death occurred at <u>11:10P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Old Woodman Do</u>			23b. ADDRESS <u>Perryville Mo</u>		23c. DATE SIGNED <u>8/18/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 18-51</u>		REGISTRAR'S SIGNATURE <u>Joseph J. Zolner</u> <u>250</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert Hey, Perryville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 6 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 3866

P. O. Address. Ferrysville, 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.