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FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6158

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE</b> 0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>215 STONE ST</b>		d. STREET ADDRESS (If rural, give location) <b>215 STONE ST</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>PHILOMENE</b> c. (Last) <b>AUBUCHON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 22 1952</b>		
5. SEX <b>FEMALE</b>	6. COLOR OF RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 12, 1866</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (State or foreign country) <b>ST. GENEVIEVE Co., Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>ALEXIS CARROW</b>	13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE LA VORISE</b>	14. NAME OF HUSBAND OR WIFE <b>DENNIS J. AUBUCHON</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. EDWIN F. AUBUCHON</b> ADDRESS <b>BONNE TERRE</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 mths.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of right lung.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>unkn. cause</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Feb-1-, 1951**, to **Feb 22, 1952**, that I last saw the deceased alive on **Feb 21-, 1952**, and that death occurred at **12:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. L. Creana M.D.</b> (Degree or title)	23b. ADDRESS <b>Bonne Terre Mo</b>	23c. DATE SIGNED <b>2-23-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 25, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FRENCH VILLAGE</b>
DATE REC'D BY LOCAL REG. <b>Feb 23, 1952</b>	REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>	24d. LOCATION (City, town, or county) (State) <b>FRENCH VILLAGE Mo</b>
FURNERAL DIRECTOR'S SIGNATURE <b>Denham Dade</b> ADDRESS <b>Bonne Terre Mo</b>		

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

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

*Clarence J. Hayward*

Signed.....

Student Embalmer

Licensed Embalmer No.

*13706*

P. O. Address

*Spring Grove St.*

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.