

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1952
 State File No.

0043

FILED JUL 15 1952

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Wellsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>506 Continental</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u> b. (Middle) <u>BENJAMIN</u> c. (Last) <u>DETIENNE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1952</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>May 1, 1874</u>
9. AGE (In years (Age birthday) Months Days) <u>78 1 29</u>		9. AGE (In years (Age birthday) Months Days) <u>78 1 29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain, County, Missouri</u>
13a. FATHER'S NAME <u>D. J. DeTienne</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Brabant</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Sallie DeTienne</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>493-01-8977</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sallie DeTienne</u> ADDRESS <u>Wellsville 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>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid 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.	
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 <u>May 17</u> , 1952, to <u>June 30</u> , 1952, that I last saw the deceased alive on <u>June 30</u> , 1952, and that death occurred at <u>AP</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>O L Larcen md</u> (Degree or title)		23b. ADDRESS <u>Wellsville Mo</u>	23c. DATE SIGNED <u>7/5/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Wellsville, Montg. Mo.</u>
DATE RECD BY LOCAL REG. <u>July 15 1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H B Wells</u> ADDRESS <u>Wellsville Mo</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

A. B. Keller

Licensed Embalmer No. *1588*

P. O. Address *Kellerville 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.