

STANDARD CERTIFICATE OF DEATH

State File No. **27905**

FILED SEP 15 1952

BIRTH NO.		REG. DIST. NO. 144	PRIMARY REG. DIST. NO. 4234	Registrar's No. 34
1. PLACE OF DEATH a. COUNTY Iron County 0470		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Mines 1100		
c. LENGTH OF STAY (in this place) 1 hour		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				
3. NAME OF DECEASED (Type or Print)		a. (First) Augustus	b. (Middle) Leo	c. (Last) Thebeau
4. DATE OF DEATH (Month) (Day) (Year) 8 20 1952		5. SEX male 0		6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 1-24-1910		9. AGE (in years last birthday) 42
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Old Mines, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Leo W. Thebeau		
13b. MOTHER'S MAIDEN NAME Birtha Portell		14. NAME OF HUSBAND OR WIFE		
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. none		17. INFORMANT'S SIGNATURE OR NAME Leo W. Thebeau, Old Mines, Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull		ANTECEDENT CAUSES DUE TO (b) Internal Injuries		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E8350 31		
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Near Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Old Mines Washington Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 8 20 1952 2:10 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Riding on truck fender crashed into a tree
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 P m., from the causes and on the date stated above.				
23a. SIGNATURE J. H. Hainell 3		23b. ADDRESS 226 No. Main Ironton, Mo.		23c. DATE SIGNED Aug. 22 5
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 8-23-1952		24c. NAME OF CEMETERY OR CREMATORY St. Joachims Cemetery
24d. LOCATION (City, town, or county) (State) Old Mines, Mo		25. FUNERAL DIRECTOR'S SIGNATURE SMITH & HIGGINBOTHAM, F. H. POTOMI, MO		
DATE REC'D BY LOCAL REG. 9-10-52		REGISTRAR'S SIGNATURE Mrs. Avis Jones 128-1		

(Licensed Embalmer's Statement on Reverse Side)

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

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.