

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4643

State File No. _____

0.300
0.48

FILED JAN 22 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6244</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>					
b. CITY OR TOWN <u>Rural-Union Mo.</u>		c. LENGTH OF STAY (in this place) <u>11 yrs</u>		c. CITY OR TOWN <u>Rural-Union Mo.</u>		<u>1100</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Mines</u>				d. STREET ADDRESS (If rural, give location) <u>Old Mines</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Maurice</u> c. (Last) <u>Thebeau</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3 1953</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>April 16 1941</u>		9. AGE (In years last birthday) <u>11</u> <u>9</u> <u>17</u> <u>11</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Old Mines, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Stanley Thebeau</u>			13b. MOTHER'S MAIDEN NAME <u>Genevieve Pashia</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stanley Thebeau</u> ADDRESS <u>Cadet, Mo. Rt. 1</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>Shock from I. B. upset.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia and muscular</u> DUE TO (c) <u>Dystrophy</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 <u>741</u>				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>3/1</u> , 19 <u>50</u> to <u>1/3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/3</u> , 19 <u>53</u> and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. H. H. H.</u> (Degree or title) _____				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>1/4/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims</u>		24d. LOCATION (City, town, or county) (State) <u>Old Mines, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1/5/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>403-3</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith-Higginbotham</u> ADDRESS <u>F H Potosi, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 6 1953

WASH. COUNTY HEALTH DEPT.

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 _____

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.