

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20366
State File No.
Registrar's No. 5387

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5387	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 9 wks		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - JOACHIM		d. STREET ADDRESS (If rural, give location) HILLSBORO R.F.D. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) MAUSSETTE c. (Last) DAUPHIN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 12, 1954				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 23, 1887	9. AGE (In years last birthday) 66	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright		10b. KIND OF BUSINESS OR INDUSTRY Electric App. Mfg		11. BIRTHPLACE (State or foreign country) East Carondelet Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Charles Dauphin			13b. MOTHER'S MAIDEN NAME Aurelia Moussette		14. NAME OF HUSBAND OR WIFE Mabel Pope Campbell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486 - 32 - 2149		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mabel Dauphin, Hillsboro, Mo R. 1			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 2 mos	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular Dis				2 yrs	
		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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from 4-12-54 to 6-12-54 , that I last saw the deceased alive on 6-11-54 , 19 54 , and that death occurred at 6:05 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Rebecca McNeil (Degree or title)			23b. ADDRESS 2106 634 N. Grand Blvd.			23c. DATE SIGNED 6-12-54	
24a. BURIAL/CREMATION, REMOVAL (Specify) Burial		24b. DATE June 14, 1954		24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) Hillsboro, Mo.	
DATE REC'D BY LOCAL REG. JUN 16 1954		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE William Foster		ADDRESS _____	

(Licensed Embalmer's Signature on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

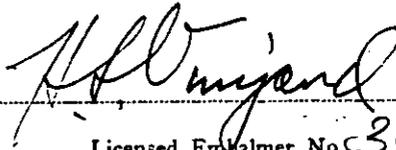
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3260

P. O. Address Festus 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.