

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30552

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7914**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town) OR **St. Louis, Missouri**  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Deaconess Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Francois**  
c. CITY OR TOWN **Farmington**  
d. Is Residence within limits of a city or incorporated town? Yes  No   
STREET ADDRESS (If rural, give location) **Rural Route No. 2** **0940**

3. NAME OF DECEASED  
a. (First) **Herbert** b. (Middle) **Joseph** c. (Last) **Aubuchon**

4. DATE OF DEATH (Month) (Day) (Year)  
**Sept 5, 1955**

5. SEX **Male**  
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH **Jan 2 1896**

9. AGE (In years last birthday) **59**  
IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Miner**

10b. KIND OF BUSINESS OR INDUSTRY  
**Lead Mining**

11. BIRTHPLACE (City and State or Foreign Country)  
**Bonne Terre, Missouri**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13a. FATHER'S NAME  
**Basil Aubuchon**

13b. MOTHER'S MAIDEN NAME  
**Sarah Cunningham**

14. NAME OF HUSBAND OR WIFE  
**Hulda Aubuchon**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service)  
**Yes Peacetime**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Hulda Aubuchon, Farmington, Missouri**

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pulmonary edema**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Coronary heart failure**  
DUE TO (c) **Arteriosclerotic heart disease**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**See one**

INTERVAL BETWEEN ONSET AND DEATH  
**10 weeks**  
**6 mos**  
**10 yrs**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION  
**none**

20. AUTOPSY? YES  NO

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)  
**420.0**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **May 26, 1949** to **Sept 5, 1955**, that I last saw the deceased alive on **Sept 5, 1955**, and that death occurred at **5:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Declarer's title) **R. Beasley, M.D.**

23b. ADDRESS **#16 Hampton Village**

23c. DATE SIGNED **9/8/55**

24a. BURIAL, CREMATION, REMOVAL **Removal**

24b. DATE **9-7-55**

24c. NAME OF CEMETERY OR CREMATORY **St. Francis**

24d. LOCATION (City, town, or county) (State)  
**Desloge, Missouri**

DATE REC'D BY LOCAL REG. **SEP 8 1955**

REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Prinster-Hughes, St. Charles, Missouri**

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

SEP 29 1955

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 .....  
Signature of Student Embalmer

Signed *James Binkley* .....

Licensed Embalmer No. *365* .....

P. O. Address *St Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. ...  
If this body is not embalmed, fact should be so stated above.