

FILED JAN 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3543

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6248 Registrar's No. 10

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| 1. PLACE OF DEATH a. COUNTY WASHINGTON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY WASH. | |
| b. CITY (If outside corporate limits, write RURAL and give town) RICHWOODS MO. | | c. CITY OR TOWN RICHWOODS TWP. | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (If in place) Life | | f. STREET ADDRESS (If rural, give location) 1100 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED a. (First) SARAH b. (Middle) JULIA c. (Last) THEBEAU | | | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 22, 1957 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH SEPT. 2, 1874 | | 9. AGE (In years last birthday) 82 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) WASHINGTON CO MO. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME ALEX THEBEAU | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE THOMAS THEBEAU |
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| 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 FRANK THEBEAU | ADDRESS BLACKWELL STAR ROUTE |
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| 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) arteriosclerotic heart disease, with myocardial insufficiency. | | INTERVAL BETWEEN ONSET AND DEATH 1 year + | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina pectoris. | | | 1 year. |
| | DUE TO (c) arteriosclerosis of coronary arteries. | | | 1 year +. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 4201 |
| 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 **July 1956**, to **Jan 22, 1957**, that I last saw the deceased alive on **Jan 19, 1957**, and that death occurred at **8 A. M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D. | 23b. ADDRESS Desoto Mo. | 23c. DATE SIGNED 1-23-57 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE JAN. 24 1957 | 24c. NAME OF CEMETERY OR CREMATORY RICHWOODS ST. STEPHEN | 24d. LOCATION (City, town, or county) (State) RICHWOODS MO. |
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| DATE REC'D BY, LOCAL REG. 1/29/57 | REGISTRAR'S SIGNATURE Herbert W. ... | 25. FUNERAL DIRECTOR'S SIGNATURE Arthur W. ... | ADDRESS Desoto Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JAN 29 1957

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 _____
Signature of Student Embalmer

Signed Donald B. Stetson
Licensed Embalmer No. 4104

P. O. Address Left

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.