

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36424

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jefferson</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL-MERAMEC</u>		c. LENGTH OF STAY (in this place) <u>11 1/2 Mos</u>		c. CITY OR TOWN <u>BONNE TERRE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 2 Box 100</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u>			b. (Middle) <u>M.</u>		c. (Last) <u>AUBUCHON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 29 1957</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 13 1891</u>		9. AGE (in years last birthday) <u>66</u> 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) <u>RETIRED - DRINKER - LEAD MINS</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>BONNE TERRE MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BASIL AUBUCHON</u>			13b. MOTHER'S MAIDEN NAME <u>CUNNINGHAM</u>			14. NAME OF HUSBAND OR WIFE <u>MABEL DEES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>490-03-1479</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BEO. RUGH</u>			ADDRESS <u>St. Joseph's Hill FURENA</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, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u> DUE TO (c) _____ 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 _____			20. AUTOPSY? <u>2</u> 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) <u>4500.</u>				
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>10/17, 1956</u> , to <u>9/27, 1957</u> , that I last saw the deceased alive on <u>9/27, 1957</u> , and that death occurred at <u>2:55 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. Mardet</u> (Degree or title) _____				23b. ADDRESS <u>St. Joseph's Hill Infirmary</u>				23c. DATE SIGNED <u>9/29/57</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/30/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre</u>		24d. LOCATION (City, town, or county) (State) <u>Bonne Terre MO</u>			
DATE REC'D BY LOCAL REG <u>9-30-57</u>		REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Beulah Boyer</u>		ADDRESS <u>BONNE TERRE MO</u>		

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

5044

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 8 1957

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.....

Licensed Embalmer No. 3660

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