

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37067

STATE FILE NUMBER

 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BONNE TERRE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>BONNE TERRE</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BONNE TERRE HOSPITAL</b>		Length of stay in 1b	d. STREET ADDRESS <b>153 MIDDLE ST.</b>

3. NAME OF DECEASED (Type or print) <b>CLARENCE EDWARD AUBUCHON</b>			4. DATE OF DEATH <b>OCT. 4, 1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 5, 1882</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MILL WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ST. JOSEPH LEAD</b>	11. BIRTHPLACE (City and state or country) <b>FRENCH VILLAGE, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>ISREAL AUBUCHON</b>			14. MOTHER'S MAIDEN NAME <b>DELIA TULLOCK</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>494-03-8450</b>	17. INFORMANT <b>MARIE E. HARROWITZ</b> Address <b>153 MIDDLE ST. BONNE TERRE, MO.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH, <b>30 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		<b>4201</b>
DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

 21. I attended the deceased from Oct. 4, 1957 to Oct. 4, 1957 and last saw <sup>her</sup>him alive on Oct. 4, 1957.  
 Death occurred at 5:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

 22a. SIGNATURE (Degree or title) Mawin J. Haw, J. M.D. 22b. ADDRESS Bonne Terre, Mo. 22c. DATE SIGNED 10-8-57

 23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **OCT. 7-57** 23c. NAME OF CEMETERY OR CREMATORY **ST. JOSEPH'S CATHOLIC** 23d. LOCATION (City, town, or county) (State) **BONNE TERRE, MISSOURI**

 24. FUNERAL DIRECTOR **BOYER FUNERAL HOME BONNE TERRE MO.** ADDRESS **BONNE TERRE MO.** 25. DATE RECD. BY LOCAL REG. **Oct. 8, 1957** 26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *B. T. Boyer*.....

Licensed Embalmer No. *36*.....

P. O. Address *Bealogs*.....

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.