

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1958

STATE FILE NUMBER 2535

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 41

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| 1. PLACE OF DEATH a. COUNTY St Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Francois | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR St. Francois Twp. Farmington - Rural Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Farmington Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS Rural (If outside, give location) 2940 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Cora Middle Aubuchon Last Aubuchon | | | 4. DATE OF DEATH Month Feb. Day 1 Year 1958 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 15, 1873 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 6 Days 16 IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (City and state or country) Ste Genevieve Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Henry Carrow | | 14. MOTHER'S MAIDEN NAME Mary Garner | |
| 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 J.S. Aubuchon, Farmington, Mo. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH years. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200 | | | 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.) 4200 | | |
| 20c. TIME OF INJURY Hour Month, Day, Year 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 Dec 1957 to Feb 1, 1958 and last saw ^{her} alive on Feb 1, 1958 Death occurred at 11 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE R. A. Huckstep M. D. (Degree or title) | | 22b. ADDRESS Farmington, Mo | 22c. DATE SIGNED 2/5/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 2/4/58 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) Farmington, Mo. |
| 24. FUNERAL DIRECTOR Miller Funeral Home, Farmington, Mo. | | 25. DATE RECD. BY LOCAL REG. Feb 5, 1958 | 26. REGISTRAR'S SIGNATURE Cather Rudloff |

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 *Paul Dugal* _____

Licensed Embalmer No. *412*

P. O. Address *Farmingdale*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.