

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

60-031086
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CROWFORD		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus-Rural		Inside Limits Y <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Cuba		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mountain View Conv Home		Length of stay in lb 24 days	d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle Joseph Last Archaebault			4. DATE OF DEATH Month Aug Day 30 Year 1960		
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 31 1882	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months 9 Days 29 IF UNDER 24 HRS.: Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern owner		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Providence Rhode Island		12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME Michael Archaebault		13b. MOTHER'S MAIDEN NAME Mary UNKNOWN		14. NAME OF HUSBAND OR WIF Ray Bousset Dard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. 440-22-3042A	17. INFORMANT HARRY ARCHAEBAULT 6619 Elm St Louis MO		
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 422.1 DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH worse 4 days
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 8-8-1960 to 8-30-60 and last saw him alive on 8-30-60 Death occurred at 10:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. D. D. Amell, M.D.			22b. ADDRESS Crystal City, Mo		22c. DATE SIGNED 9-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried in Paris	23b. DATE Sept 2 1960	23c. NAME OF CEMETERY OR CREMATORY Kinder		23d. LOCATION (City, town, or county) (State) Cuba MO	
24. FUNERAL DIRECTOR NORMAN C. HOENER		ADDRESS Cuba, MO	25. DATE RECD. BY LOCAL REG. 9-2-60	26. REGISTRAR'S SIGNATURE Paul G. Pridemore	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

KEEP

SEP 13 1966

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 *Norman C. Spencer*

Licensed Embalmer No. *4673*

P. O. Address *Cuba, 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.