

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-041711**

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. \_\_\_\_\_ Registrar's No. 38

AMENDED

**FILED DEC 12 1961**

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY <u>Maries</u>			a. STATE <u>Missouri</u> COUNTY <u>Maries</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. James (Twp)</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. James</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Joseph</u> Middle <u>Lawrence</u> Last <u>Thebeau</u>			Month <u>December</u> Day <u>3</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-27-1880</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>4</u> Day <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Minning</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Minning</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Thebeau</u>		13b. MOTHER'S MAIDEN NAME <u>Nelia Beckett</u>		14. NAME OF HUSBAND OR WIFE <u>Mae</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			17. INFORMANT Address <u>Mrs Kenneth Moreland St. James, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>Chronic congestive Heart Failure</u>			<u>11-22-61</u>		
DUE TO (b) <u>Hypertension</u>			<u>12-3-61</u>		
DUE TO (c) <u>Atherosclerosis</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year _____					
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 <u>11-22-61</u> to <u>12-3-61</u> and last saw him alive on <u>12-2-61</u> Death occurred at <u>5:45</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R. P. Bulich D.O.</u>			22b. ADDRESS <u>108-110 Jefferson St. St. James, Mo.</u>		22c. DATE SIGNED <u>12-4-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-7-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Stephans Cemetery</u>	23d. LOCATION (City, town, or county) <u>Richwoods, Missouri</u>		(State)
24. FUNERAL DIRECTOR <u>Gene Gahr 200 S. Melrose St. James, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-6-1961</u>	26. REGISTRAR'S SIGNATURE <u>Nozelle Hutchins</u>		

DATE AMENDED

INSIDE OF DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

DEC 19 1961

**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 Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James

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.