

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037288

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 378

FILED SEP 24 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10941

20940

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9420.1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

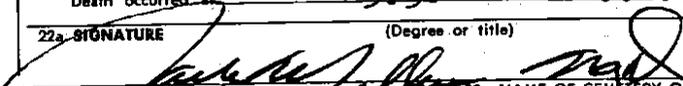
ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b DOA	c. CITY OR TOWN Bonne Terre Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt # 2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Marion Middle Lewis Last AuBuchon			4. DATE OF DEATH Month Sept Day 14 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 16, 1893 = 69
9. AGE (last birthday) Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Lead Mines	11. BIRTHPLACE (City and state or country) French Village, Mo
12. CITIZEN OF WHAT COUNTRY US		13a. FATHER'S NAME Lucian AuBuchon	
13b. MOTHER'S MAIDEN NAME Margaret Carrow		14. NAME OF HUSBAND OR WIFE Blanch Rawson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT Mrs Blanch AuBuchon, RT# 2, Mo.		Address Bonne Terre,	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of myocardium			INTERVAL BETWEEN ONSET AND DEATH less than 30 min.
Conditions, if any, which gave rise to above cause (a); stating the underlying cause last: 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)			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 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.	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 6-2-62 to 9-7-63 and last saw him alive on 9-7-63		Death occurred at 5:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE 		22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED 9-16-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 18, 1963	23c. NAME OF CEMETERY OR CREMATORY St Joseph Catholic	23d. LOCATION (City, town, or county). (State) Bonne Terre, Mo.
24. FUNERAL DIRECTOR C. Z. Boyer & Son, Inc. Bonne Terre, Mo		25. DATE RECD. BY LOCAL REG. Sept. 16, 1963	26. REGISTRAR'S SIGNATURE 

POST OFFICE

SEP 26 1963

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 Burdie T. Boyer Jr

Licensed Embalmer No. 5117

P. O. Address Bonnie Terry 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: