

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31507

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bonne Terre</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bonne Terre</i> 94	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bonne Terre Hospital</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>12 Louise</i> 7	

3. NAME OF DECEASED (Type or Print) a. (First) <i>SOPHIA</i> b. (Middle) <i>MARTENA</i> c. (Last) <i>AUBUCHON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 15, 1949</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>Dec 20, 1870</i>		9. AGE (In years if UNDER 1 YEAR last birthday) Months <i>78</i> Days <i>8</i> Hours <i>25</i> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>French Village Mo</i>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <i>James Monroe Kerlagon</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Ann Palmer</i>		14. NAME OF HUSBAND OR WIFE <i>George Andrew Aubuchon</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Bernice Aubuchon</i> ADDRESS <i>Bonne Terre Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *May 1948* to *Sept 15, 1949*, that I last saw the deceased alive on *Sept 15, 1949*, and that death occurred at *3:40 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. ...</i> (Degree or title)		23b. ADDRESS <i>Bonne Terre Mo</i>		23c. DATE SIGNED <i>9-16-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Sept. 19, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Joseph's Cem. Bonne Terre Mo</i>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <i>Benham ...</i>		ADDRESS <i>Bonne Terre Mo</i>	
DATE REC'D BY LOCAL REG. <i>Sept. 21, 1949</i>		REGISTRAR'S SIGNATURE <i>Arthur ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Benham ...</i>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

94
2

RECEIVED 9-26-49

Health Officer No. 4

File Number 949-126

Date Filed _____

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
Student Embalmer

Signed Clarence J. Claywell

Licensed Embalmer No. 13706

P. O. Address Boonville 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 this body is not embalmed, fact should be so stated above.