

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12462**

FILED MAY 3 1954 REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HILLSBORO		c. CITY OR TOWN PEVELY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 YR.		e. STREET ADDRESS (If rural, give location) ROUTE 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION CEDAR GROVE NURSING HOME			

3. NAME OF DECEASED (Type or Print) a. (First) STEPHEN b. (Middle) JOHN c. (Last) AUBUCHON			4. DATE OF DEATH (Month) (Day) (Year) APRIL 13, 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 26, 1875	9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) FRENCH VILLAGE MO	12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME LUCIAN AUBUCHON		13b. MOTHER'S MAIDEN NAME MARGARET CARROW		14. NAME OF HUSBAND OR WIFE MAMIE AUBUCHON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 492-09-8626		17. INFORMANT'S SIGNATURE OR NAME RI PEVELY MO	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis with right hemiplegia.		INTERVAL BETWEEN ONSET AND DEATH 24 hours.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis		Unknown.	
		DUE TO (c) arteriosclerotic heart disease, myocardial insufficiency		One year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 X		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 **March 31, 1954** to **April 13, 1954**, that I last saw the deceased alive on **April 13, 1954**, and that death occurred at **1:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas G. Donnell M.D.		23b. ADDRESS Desoto, Mo.		23c. DATE SIGNED 4-16-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 15, 1954		24c. NAME OF SEMETERY OR CREMATORY ST. JOSEPH'S		24d. LOCATION (City, town, or county) (State) BONNE TERRE MO.	
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DATE REC'D BY LOCAL REG. MAY 3 1954		REGISTRAR'S SIGNATURE Alfred H. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE Bertram H. C. Bonner		ADDRESS 1 Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI**

DATE RECEIVED APR 27 1954

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 *E. J. Claywell*.....

Licensed Embalmer No. *370*

P. O. Address *Donnell*.....

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.