

S. No. 300  
V. 10.48

NOV 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40512

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 624 Registrar's No. 73

1100  
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1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MINERAL SPRING TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BAY TWP. MINERAL SPRING TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R-2 BONNE TERRE</u>		d. STREET ADDRESS (If rural, give location) <u>R-2 BONNE TERRE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FIRMAN</u> b. (Middle) <u>LUTION</u> c. (Last) <u>AUBUCHON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 13 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>APRIL 11 1883</u>		9. AGE (In years last birthday) <u>68</u> Months <u>7</u> Days <u>2</u>		10. IF UNDER 1 YEAR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. JOSEPH LEAD</u>		11. BIRTHPLACE (State or foreign country) <u>FRENCH VILLAGE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>LUTION AUBUCHON</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET CARROW</u>		14. NAME OF HUSBAND OR WIFE <u>STELLA AUBUCHON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS LON HAMMACK BONNE TERRE MO</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>  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. <u>GENERALIZED ARTERIOSCLEROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
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 SEP 1951 to NOV 1951, that I last saw the deceased alive on 13 NOV 1951, and that death occurred at 4:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles J. Hunt, M.D.</u>		23b. ADDRESS <u>Farmington MO</u>		23c. DATE SIGNED <u>NOV 15 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 16 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S</u>	
24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE BONNE TERRE MO</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard C. DeBenedictis, M.D. Bonne Terre MO</u>			
DATE REC'D BY LOCAL REG. <u>11/17/51</u>		REGISTRAR'S SIGNATURE <u>Richard C. DeBenedictis</u>		403	

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

(Licensed Embalmer's Statement on Reverse Side)

1951  
1651-2168

**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 *Charles J. Raywell*

Licensed Embalmer No. 3706

P. O. Address *Sanne June 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.