

FILED SEP 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29188

State File No. ....

BIRTH NO. .... REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 164

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Audrain</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Mexico, Mo.</u> c. LENGTH OF STAY (in this place) <u>5 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Ladonia, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Fannie</u> b. (Middle) <u>DeLaporte</u> c. (Last) <u>DeLaporte</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept. 15, 1949</u>	
<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>March 11, 1876</u>
<b>9. AGE</b> (In years last birthday) <u>73</u>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housewife</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kentucky</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>	
<b>13a. FATHER'S NAME</b> <u>Samuel S. Welch</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Clemantine M<sup>e</sup> Nutt</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>George DeLaporte</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>—</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Zoda Bailey</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Valvular Disease</u> DUE TO (c) <u>Chronic Cholecystitis</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 Min</u> <u>3 Yr.</u> <u>5 Yrs</u> <u>1/201</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>July 29, 1949</u>, to <u>Sept 15, 1949</u>, that I last saw the deceased alive on <u>Sept 15, 1949</u>, and that death occurred at <u>8:30A m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>R. B. Baize D.D.</u>		<b>23b. ADDRESS</b> <u>Ladonia Mo.</u>	
<b>23c. DATE SIGNED</b> <u>9-19-49</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>Sept. 17, 1949</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ladonia Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ladonia Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Blanche Keely</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Sept 17-1949</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Blanche Keely</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Wilbur Binhoff</u>		<b>ADDRESS</b> <u>Ladonia Mo.</u>	

RECEIVED SEP 26 1949  
District Health Officer No. 1  
District File Number 9-49-14  
Date Filed SEP 26 1949

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.