

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15841

BIRTH NO. _____		REG. DIST. NO. 23		PRIMARY REG. DIST. NO. 5087		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>BATES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>VERMILION</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-HOWARD TWP</u>		c. LENGTH OF STAY (in this place) <u>3 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SHELDON</u>		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RICH HILL-R.F.D. #2</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVER</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>LAFARGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-9-1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT. 31, 1860</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>BROWNSTOWN IOWA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMEL LAFARGE.</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>		14. NAME OF HUSBAND OR WIFE <u>SOPHIA LAFARGE.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ella Lafarge - Rich Hill, R.F.D.</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>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>					<u>4 years</u>
		DUE TO (c) <u>Hypertension</u>					<u>6 years</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>331X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) (Min.)		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 <u>May 4, 1950</u> to <u>May 9, 1950</u> , that I last saw the deceased alive on <u>May 8, 1950</u> , and that death occurred at <u>4:57 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Conrad Allen, M.D.</u>				23b. ADDRESS <u>Hume, Mo</u>		23c. DATE SIGNED <u>5/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HUME.</u>		24d. LOCATION (City, town, or county) (State) <u>HUME, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>May 12 1950</u>		REGISTRAR'S SIGNATURE <u>Fern H. Martin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Booth Funeral Home, Rich Hill, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-17-50
District Health Officer No. 7
District File Number 4-50-527
Date Filed 5-17-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address *Butler 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.