S. No. 300
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FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17191

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City
c. LENGTH OF STAY (in this place) 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 203 Broadway 0501
d. STREET ADDRESS (If rural, give location) Crystal City

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Chas. c. (Last) Laburay

4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept. 23, 1912

9. AGE (In years last birthday) 37 — IF UNDER 1 YEAR Months 4 Days 9 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Salesman

10b. KIND OF BUSINESS OR INDUSTRY Auto

11. BIRTHPLACE (State or foreign country) Perry Co Mo. O

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Felix Laburay

13b. MOTHER'S MAIDEN NAME Lucille Brown

14. NAME OF HUSBAND OR WIFE Alice Laburay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Laburay ADDRESS Crystal City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosclerosis — 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) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 4467

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 6, 1948, *to* Feb 16, 1950, *that I last saw the deceased alive on* Feb. 6, 1950, *and that death occurred at* 5:55 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bert Bolgni, MD

23b. ADDRESS Festus, Mo

23c. DATE SIGNED 2/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 12, 1950

24c. NAME OF CEMETERY OR CREMATORY Rose Lawn Memorial Park

24d. LOCATION (City, town, or county) (State) Crystal City, Mo.

DATE REC'D BY LOCAL REG. 2/14/50

REGISTRAR'S SIGNATURE Cassa Belleville 142

25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Politte ADDRESS Crystal City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO
DATE RECEIVED 5-11-50

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jeutry R. Poliette

Licensed Embalmer No. 3481

P. O. Address Crystal City 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.