

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37118

State File No. \_\_\_\_\_

4819

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN <u>Kennett</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Cresco</u> <small>(If outside corporate limits, write RURAL and give township)</small>	
c. LENGTH OF STAY (in this place) <u>5 mo</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>278 E. 31st</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Alice</u> c. (Last) <u>LaRue</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 16 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb 20 1868</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR: Days <u>8</u> Hours <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jess B. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Delia Kaserman</u>		14. NAME OF HUSBAND OR WIFE <u>John LaRue</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Elizabeth Bullock</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Mitral Insufficiency</u>				<u>3 y - 2</u>	
		DUE TO (c) <u>Hypostatic pneumonia</u>				<u>110X</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>2 wks</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) (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 7-9 1950 to Nov 16 1950, that I last saw the deceased alive on Nov 15 1950, and that death occurred at 6:10 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Maurice M. Geraghty</u> (If degree or title)		23b. ADDRESS <u>6045 Truman Blvd K.C.</u>		23c. DATE SIGNED <u>11/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 15-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Mound</u>	
				24d. LOCATION (City, town, or county) (State) <u>Cresco Rural Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-16-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Goodrich</u>	
				ADDRESS <u>Cresco Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

008

FILED DEC 1 1950

REC 10570

**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 \_\_\_\_\_

*Ray Miller*

Licensed Embalmer No. *4492*

P. O. Address *Excelsior, 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.