

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43508

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 (Delayed) PRIMARY REG. DIST. NO. 3010 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Sirardean Cape County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Sirardean</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>3 wks</u>		d. STREET ADDRESS (If rural, give location) <u>11 mi S.E. of East Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CYNTHIA</u> b. (Middle) <u>LOOMAS</u> c. (Last) <u>LAPLANT</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
8. DATE OF BIRTH <u>June 5, 1914</u>		9. AGE (In years last birthday) <u>36</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>New Madrid Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Loomas</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Colsten</u>	
14. NAME OF HUSBAND OR WIFE <u>J.W. LaPlant</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>4444</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.W. LaPlant - East Prairie, Mo.</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glomerulonephritis, Chronic</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>Hypertensive Cardio-vascular disease</u>	
INSET 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) <u>no</u>		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 <u>Nov 20, 1950, to Dec 23, 1950</u> , that I last saw the deceased alive on <u>Dec 22, 1950</u> , and that death occurred at <u>5 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Hazel Reding</u>		23b. ADDRESS <u>Mid D Cape Sirardean, Mo.</u>	
23c. DATE SIGNED <u>1-6-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deagwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Miss. Co. Mo.</u>		25. GENERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>1-10-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
GENERAL DIRECTOR'S SIGNATURE _____		ADDRESS <u>W. Shelby East Prairie</u>	

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

RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No.

No. ....

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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.....

*Harold Shelby*

Licensed Embalmer No. *2726*

P. O. Address *East Prains, Md*

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.