

STANDARD CERTIFICATE OF DEATH

State File No. 7885

FILED MAR 31 1951

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO. 0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		d. STREET ADDRESS (If rural, give location) 1029 E DUNKLIN	

3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) JOHN c. (Last) LAUX			4. DATE OF DEATH (Month) (Day) (Year) MARCH 27, 1951		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JAN. 9, 1898	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 2 Days 16	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY MO STATE PRISON		11. BIRTHPLACE (State or foreign country) NEW YORK		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME GEORGE LAUX		13b. MOTHER'S MAIDEN NAME KATHERINE PRENGER		14. NAME OF HUSBAND OR WIFE NONE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME J.C. MO.		ADDRESS J.C. MO.	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensated Heart		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 4343
	ANTECEDENT CAUSES Morbidity 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.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from June 16, 1950, to March 27, 1951, that I last saw the deceased alive on March 26, 1951, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE J.G. Bruce M.D.		23b. ADDRESS 734 Madison		23c. DATE SIGNED 3/28/51	
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24a. BURIAL, CREMATION, REMOVAL BURIAL		24b. DATE MARCH 30, 1951		24c. NAME OF CEMETERY OR CREMATORY ST PETERS		24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.	
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DATE REC'D BY LOCAL REG. MARCH 28 1951		REGISTRAR'S SIGNATURE R.P. Davis M.D.		FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle		ADDRESS J.C. MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0264

RECEIVED 3-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 3-30-51 -----

2008 APR 1

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

Sylvester Dull

Signed
Student Embalmer

Licensed Embalmer No. 4321

P. O. Address *Jefferson 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.