No. 300
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FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9135

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 449

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Memorial Hspital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland
d. STREET ADDRESS (If rural, give location): Mo

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): LaQuey

4. DATE OF DEATH (Month) (Day) (Year): 3. 17 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Oct 21. 1876
9. AGE (In years last birthday): 74. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Live Stock Dealer
11. BIRTHPLACE (State or foreign country): Richland Mo
12. CITIZEN OF WHAT COUNTRY?: US.

13a. FATHER'S NAME: Joe LaQuey
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Matie LaQuey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): Spanish & American
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Meta Chalfant
ADDRESS: Richland

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): Sub Arachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

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.: 330 X

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* March 9, 1951, *to* March 17, 1951, *that I last saw the deceased alive on* March 17, 1951, *and that death occurred at* 4:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paula [illegible] Kirkland
23b. ADDRESS: Knight Bldg
23c. DATE SIGNED: 3-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/20/1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24d. LOCATION (City, town, or county) (State): Richland Mo

DATE REC'D BY LOCAL REG.: 3-25-1951
REGISTRAR'S SIGNATURE: Della L. Day
25. FUNERAL DIRECTOR'S SIGNATURE: R. B. Teeple
ADDRESS: Richland

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 16 1951

Received MAR 31 1951

Laclede County Health Unit

File No. 8-56-47

Date Filed APR 2 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed: W B Leepee

Licensed Embalmer No. 3198

P. O. Address Richland 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.