

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 4 1951

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains	
c. LENGTH OF STAY (In this place) 15 yrs.		0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence		d. STREET ADDRESS (If rural, give location) Rover Route	

3. NAME OF DECEASED (Type or Print)	a. (First) J.	b. (Middle) D.	c. (Last) LaFavers	4. DATE OF DEATH (Month) (Day) (Year) May 17, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 20, 1915	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Livestock Dealer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bexar, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Steve A. LaFavers	13b. MOTHER'S MAIDEN NAME Frankie Scott	14. NAME OF HUSBAND OR WIFE Aline Largent LaFavers
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J.D. LaFavers, West Plains, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Oct-Nov 1950
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma		
	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.		2001	

19a. DATE OF OPERATION 12-27-50	19b. MAJOR FINDINGS OF OPERATION Biopsy of Supraclavicular lymph node (Barnes Hosp. St. Louis)	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) (m.)	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 2-6-1951, to 5-17-1951, that I last saw the deceased alive on 5-14-1951, and that death occurred at 5:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. C. Bohrer	23b. ADDRESS West Plains, Mo	23c. DATE SIGNED 5-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial A	24b. DATE May 20, 1951	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	24d. LOCATION (City, town, or county) (State) West Plains, Missouri
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DATE REC'D BY LOCAL REG. 5-21-51	REGISTRAR'S SIGNATURE Beatrice Cook	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Hoberg, West Plains, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 28 1951

Dist. File 551-9207

Date Filed 5-28-51

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 Hal Thompson

Licensed Embalmer No. 3408

P. O. Address West Plains

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.