

FILED OCT 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31237

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
c. LENGTH OF STAY (in this place)		0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) RECEIVED	

3. NAME OF DECEASED (Type or Print)	a. (First) CALVIN	b. (Middle) JOHN	c. (Last) LA BRUYERE	4. DATE OF DEATH (Month) (Day) (Year)
				Sept 22 1951

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar 16 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 6 Days 6	IF UNDER 24 HRS. Hours 6 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) St. Genevieve County Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Louis La Bruyere	13b. MOTHER'S MAIDEN NAME Diana A La Rose	14. NAME OF HUSBAND OR WIFE Bessie Yeager
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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. no	17. INFORMANT'S SIGNATURE OR NAME Virginia Raines	ADDRESS Farmington 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 das
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Hypertensive cardiovascular disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		4200

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 <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 **9/22/51**, 19**51**, to **9/22/1951**, that I last saw the deceased alive on **9/22/51**, 19**51**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D. Boulder, M. D.	23b. ADDRESS Medical Arts Bldg. Farmington, Mo.	23c. DATE SIGNED 9/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept 24 1951	24c. NAME OF CEMETERY OR CREMATORY K of P	24d. LOCATION (City, town, or county) (State) Farmington Mo.
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DATE REC'D BY LOCAL REG. Sept. 25, 1951	REGISTRAR'S SIGNATURE Esther Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Cozean	ADDRESS Farmington Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 2 1951

RECEIVED

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 _____
EAS Cozzen

Licensed Embalmer No. 4034

P. O. Address Farmington, N.H.

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.