

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Rural (Elk)</u>		c. CITY OR TOWN <u>Rural</u> <u>Castor</u> <u>1030</u>	
c. LENGTH OF STAY (in this place) <u>Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # Bloomfield, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fisher Plantation</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Chester</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Launius</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Jan.</u> <u>11,</u> <u>1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 10, 1895</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>10</u> Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surveyor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>County</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thomas Launius</u>	13b. MOTHER'S MAIDEN NAME <u>Mary J. Mays</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Launius</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carrie Launius</u>	ADDRESS <u>Bloomfield, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</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.			

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Way W. Rainey</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Dexter, Missouri</u>	23c. DATE SIGNED <u>1-12-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-28-52</u>	REGISTRAR'S SIGNATURE <u>Walter V. Jankin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Undertaking Co.</u>	ADDRESS <u>Bloomfield</u> MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1030  
3

APR 15 1953

APR 21 1953

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, <sup>+</sup> by

Howard Cooper License # 3996

Student Embalmer No. ....

working under my personal supervision.

Signed Lulu Cooper

Signed.....  
Student Embalmer

Licensed Embalmer No. 3499

P. O. Address. Bloomfield, 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.