

FILED MAY 9 - 1952
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

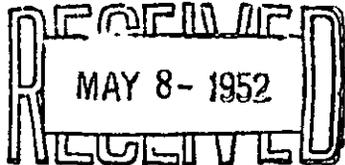
State File No. **13551**

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>3242</u>		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>		c. LENGTH OF STAY (In this place) <u>one year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>		<u>0621</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wood Ave</u>				d. STREET ADDRESS (If rural, give location) <u>Wood Ave</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEGGY</u> b. (Middle) <u>JEAN</u> c. (Last) <u>LA PLANT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 22 1952</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>APRIL 24 1941</u>		9. AGE (In years last birthday) <u>10 YRS 11 28</u>	10. HOURS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>MADISON CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>ELMO LAPLANT</u>			13b. MOTHER'S MAIDEN NAME <u>MAXINE MURRAY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELMO LA PLANT</u>				ADDRESS <u>FREDERICKTOWN MO.</u>
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) <u>Acute depression of Vital centers of C.N.S.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown (space occupying lesion?)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>40 min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>355X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>Apr 22 1952</u>		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 <u>28 MAR</u> , 1952, to <u>22 April</u> , 1952, that I last saw the deceased alive on <u>22 April</u> 1952, and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Oryan A. Michalis, M.D.</u>				23b. ADDRESS <u>133 W. Main, Fredericktown</u>		23c. DATE SIGNED <u>28 Apr 52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MINE LA MOTTE</u>		24d. LOCATION (City, town, or county) (State) <u>MINE LA MOTTE MO.</u>			
DATE REC'D BY LOCAL REG. <u>4-28-1952</u>		REGISTRAR'S SIGNATURE <u>Florence Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Boyien Jr.</u>		ADDRESS <u>Fredericktown, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 252-22

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 William B. O'Connor

Signed _____
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.