

FILED MAY 21 1952

STANDARD CERTIFICATE OF DEATH

16283

State File No.

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 22

1. PLACE OF DEATH
 a. COUNTY Iron 0470
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton
 c. LENGTH OF STAY (In this place) 19 da.
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri COUNTY Iron 0470
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Annapolis
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
 a. (First) VICTORIA b. (Middle) LaPLANT c. (Last) LaPLANT
 4. DATE OF DEATH (Month) (Day) (Year) May 11 1952

5. SEX fem/ 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
 8. DATE OF BIRTH May 2 1883 9. AGE (In years last birthday) Months Days 69 0 9 IF UNDER 24 HRS. Hours Min. 0 9
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY own home
 11. BIRTHPLACE (State or foreign country) Madison Co. Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. E. Reed 13b. MOTHER'S MAIDEN NAME Sarah Young 14. NAME OF HUSBAND OR WIFE William LaPlant

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 ADDRESS Mrs. Sherman Sherrill, Annapolis Mo.

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) terminal bronchial pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) cerebral hemorrhage (right hemiplegic)
 DUE TO (c) hypertension
 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 331X 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) _____ 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 4-23 to 5-11, 1952, that I last saw the deceased alive on 5-11, 1952 and that death occurred at 8.30P m., from the causes and on the date stated above.

23a. SIGNATURE V. E. Harland, M.D. (Degree or title) 23b. ADDRESS Fronton, Missouri 23c. DATE SIGNED 5-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 5-13-52 24c. NAME OF CEMETERY OR CREMATORY Annapolis Cem. 24d. LOCATION (City, town, or county) (State) Annapolis Mo.

DATE REC'D BY LOCAL REG. 5-19-52 REGISTRAR'S SIGNATURE Mrs. Avis Jones 128-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.

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

MAY 21 1952

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 Aucel J. White

Signed.....
Student Embalmer

Licensed Embalmer No. 7012

P. O. Address Smiths, 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.