

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

State File No. **28139**  
**3787**

FILED SEP 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> <u>9</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MASS</u> b. COUNTY <u>WORCESTER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>1 HR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FITCHBURG</u>		<u>8200</u> <u>X</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>19TH &amp; HARRISON</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>W</u> c. (Last) <u>LAPLANTE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>24</u> <u>52</u>					
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNK</u> <u>9</u>	8. DATE OF BIRTH <u>AUG 18 1919</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AUTO</u>		11. BIRTHPLACE (State or foreign country) <u>PALMER, MASS</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>DAVID LAPLANTE</u>			13b. MOTHER'S MAIDEN NAME <u>GEORGIANA</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GEORGE LAPLANTE FITCHBURG MASS</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Shock + hemorrhage resulting from multiple skull fractures + crushing injuries of chest + multiple rib fractures</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>rib fractures</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2802</u> <u>45</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>123</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, mine, etc.) <u>railroad tracks</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Draumar City Jackson Snd</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-24-52</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from ladder</u>				
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 _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>Notary Public</u>				23b. ADDRESS <u>4850 Broadway &amp; Elm</u>		23c. DATE SIGNED <u>8-25-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVALS</u>		24b. DATE <u>8-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST BERNARDS</u>		24d. LOCATION (City, town, or county) (State) <u>FITCHBURG MASS</u>		
DATE REC'D BY LOCAL REG. <u>8-26-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SEBBETO'S CITY</u>			

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

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

*Russell H France*

Licensed Embalmer No. 4255

P. O. Address K C 770

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.