

FILED OCT 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32681

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 297

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 Pendleton Twp.		c. LENGTH OF STAY (In this place) 3 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington 0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 501 S. Henry 0			

3. NAME OF DECEASED (Type or Print) Lawrence Counts			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept 28 1952		
5. SEX Male		6. COLOR OR RACE White US		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Oct 17 1875		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Retired Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Madison Co. Missouri 0			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME J Nicholas Counts		13b. MOTHER'S MAIDEN NAME Sarah Shultz		14. NAME OF HUSBAND OR WIFE	
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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. 325-11-9318		17. INFORMANT'S SIGNATURE OR NAME Mrs Jerry Rickus, Farmington, Mo.		ADDRESS	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Endo conduction</u>			
		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) 4214	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2:30 p.m.		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 July, 1950, to Sept 28, 1952, that I last saw the deceased alive on Sept 24, 1952, and that death occurred at 11:00 Am., from the causes and on the date stated above.

23a. SIGNATURE L. M. Starfield M.D.		(Degree or title)		23b. ADDRESS Farmington Mo		23c. DATE SIGNED 7/29/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/1/52		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) (State) Perryville, Missouri	
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DATE REC'D BY LOCAL REG. Sept 29, 1952		REGISTRAR'S SIGNATURE Gather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons, Perryville, Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

92-3

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 Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.