

STANDARD CERTIFICATE OF DEATH

State File No. **5580**

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. **134** PRIMARY REG. DIST. NO. **4208** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY OR TOWN Cainsville		c. CITY OR TOWN Cainsville	
c. LENGTH OF STAY (In this place) All life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Lillie	b. (Middle) Gladys	c. (Last) Lafollette	4. DATE OF DEATH (Month) (Day) (Year) January 23, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 2, 1875
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	11. BIRTHPLACE (State or foreign country) Merced County, Missouri.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME J. W. Still	13b. MOTHER'S MAIDEN NAME Ann Mullins	14. NAME OF HUSBAND OR WIFE Francis Millard Lafollette
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. None	17. INFORMANT'S SIGNATURE OR NAME Francis Millard Lafollette ADDRESS Cainsville,

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		72 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Valvular Heart Disease		5 years.
DUE TO (c) Chronic Nephritis		3 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probably Malignancy Liver & Bowels		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592X H	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Aug 1, 1949, to Jan 23, 1953, that I last saw the deceased alive on Jan 23, 1953, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Alfred C. Tapp (Degree or title) D.O.	23b. ADDRESS Cainsville, Missouri.	23c. DATE SIGNED Jan. 24 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 25, 1953	24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery
24d. LOCATION (City, town, or county) (State) Cainsville, Mo.		

DATE REC'D BY LOCAL REG. 24-12-53	REGISTRAR'S SIGNATURE S. Pha Shaw	25. EMBALMER'S SIGNATURE [Signature] ADDRESS Cainsville, Mo.
--	--	--

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, by

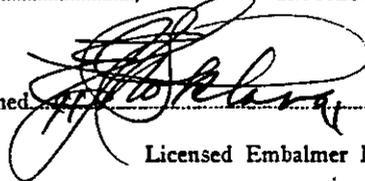
Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.