S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13480

State File No. .....

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5162 Registrar's No. 158

1. PLACE OF DEATH
a. COUNTY Callaway 0 14 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cleveland Twp. 3
c. LENGTH OF STAY (in this place) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway 40 ½mi. east Lindberg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis 2/29
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 1
e. STREET ADDRESS (If rural, give location) 4615 Delmar Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) c. (Last) LaBrash

4. DATE OF DEATH (Month) Apr. (Day) 25/53 (Year)

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 25/25

9. AGE (In years last birthday) 27 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY ~~Home~~

11. BIRTHPLACE (City and State or Foreign Country) Dent County Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME G.W.Gorman

13b. MOTHER'S MAIDEN NAME Virginia Bain

14. NAME OF HUSBAND OR WIFE Marion LaBrash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Vernon Ray ADDRESS Salem Missouri

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) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Crushed Thorax

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 0 14

20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway

21c. (CITY, TOWN, OR TOWNSHIP) Cleveland Twp. (COUNTY) Callaway (STATE) Missouri

21d. TIME OF INJURY (Month) 4 (Day) 25 (Year) 53 (Hour) 12;01 A

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Auto Collision Highway 40

22. *I hereby certify that I attended the deceased from* 12;01 A *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 12;01 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Andrew S Paine, M.D. (Degree or title) Coroner

23b. ADDRESS Callaway County Mo.

23c. DATE SIGNED 4/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/27/53

24c. NAME OF CEMETERY OR CREMATORY Patterson Cemetery

24d. LOCATION (City, town, or county) Salem (State) Missouri

DATE REC'D BY LOCAL REG. Apr. 30-1953

REGISTRAR'S SIGNATURE Maretta Lawrence 426

25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home ADDRESS Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 11 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton M

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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