No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 18488

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 47

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

**1. PLACE OF DEATH**
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crystal City
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crystal City 0501
d. STREET ADDRESS (If rural, give location): 810 Burgess St. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle): Johannah
c. (Last): LaRose

**4. DATE OF DEATH** (Month) (Day) (Year): May 6, 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Nov. 21, 1912
**9. AGE** (In years last birthday): 40 — If under 1 year: Months 5, Days 15 — 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**:
**11. BIRTHPLACE** (City and State or Foreign Country): Plattin, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Noah Toulouse
**13b. MOTHER'S MAIDEN NAME**: Anna Lindsay
**14. NAME OF HUSBAND OR WIFE**: Marvin M. LaRose

**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.**: 489 16 9899
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Marvin M. LaRose, Crystal City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma right breast (Generalized metastases) — INTERVAL BETWEEN ONSET AND DEATH: 2I mos.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* 170X

**19a. DATE OF OPERATION**: II-I2-5I
**19b. MAJOR FINDINGS OF OPERATION**: Radical mastectomy; all (42) lymph nodes removed showed metastatic involvement.
**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): ---- m.
**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* 7- I4-, 19 5I, *to* 5- 6-, 1953, *that I last saw the deceased alive on* 5- 5-, 19 53, *and that death occurred at* 2:50A *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: John F. Rutledge 0 (Degree or title): M.D.
**23b. ADDRESS**: Crystal City, Mo.
**23c. DATE SIGNED**: 5-7-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 5/9/53
**24c. NAME OF CEMETERY OR CREMATORY**: Roselawn Cemetery
**24d. LOCATION** (City, town, or county) (State): Crystal City, Mo.

**DATE REC'D BY LOCAL REG.**: 5-8-53
**REGISTRAR'S SIGNATURE**: Gertrude R. Politte 444-0
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: James R. Cady, Crystal City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED MAY 16 1953

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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 James Richard Cady

Licensed Embalmer No. 4309

P. O. Address Crystal City, 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.