

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38452**

FILED DEC 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Advance</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS _____		(If rural, give location) <b>1020</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>OLLIE</b> b. (Middle) <b>B.</b> c. (Last) <b>LaCROIX</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 8, 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 16, 1883</b>	9. AGE (In years last birthday) <b>70</b>	if UNDER 1 YEAR Months <b>3</b> Days <b>22</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dutchtown, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Ben S. Schwab</b>	13b. MOTHER'S MAIDEN NAME <b>Arvina Belle</b>	14. NAME OF HUSBAND OR WIFE <b>Jake LaCroix</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jake LaCroix</b> ADDRESS <b>Advance, Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDITIS</b>		INTERVAL BETWEEN ONSET AND DEATH
	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. <b>Arteriosclerosis</b>		

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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **12-6**, 19**53**, to **12/8**, 19**53**, that I last saw the deceased alive on **12/6**, 19**53** and that death occurred at **7:45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. J. Smith MD</b> (Degree or title)	23b. ADDRESS <b>Cape Girardeau, MO</b>	23c. DATE SIGNED <b>12/10/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 11, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-10-53</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Funeral Home</b> ADDRESS <b>Cape Gir., Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *William Lee Jones*.....

Licensed Embalmer No...*4410*

P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.