

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

State File No. **43621**

FILED JAN 7 1954

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **441**

| | | | |
|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) | |
| a. COUNTY Marion | b. STATE Missouri | | c. COUNTY Marion |
| b. CITY (If outside corporate limits, write RURAL and give township) Hannibal | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Monroe City | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital | | e. STREET ADDRESS (If rural, give location) PFD # 2 | |

| | | | | | |
|---|---|---|---|------------------|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) David James DeLaPorte | b. (Middle) | c. (Last) | (Month) | (Day) | (Year) |
| | | | December | 28 | 1953 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH | | 9. AGE (In years last birthday) |
| | | | February 21, 1953 | 10 Months | 7 Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX | | 10b. KIND OF BUSINESS OR INDUSTRY XX | 11. BIRTHPLACE (City and State or Foreign Country) | | 12. CITIZEN OF WHAT COUNTRY? U S A |
| 13a. FATHER'S NAME Donald James DeLaPorte | | 13b. MOTHER'S MAIDEN NAME Alice Marie Williams | 14. NAME OF HUSBAND OR WIFE None | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XX | 16. SOCIAL SECURITY NO. XX | 17. INFORMANT'S SIGNATURE OR NAME Donald James DeLaPorte | | | |
| | | ADDRESS Monroe City Missouri | | | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Sudden 3 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastro-enteritis 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 type="checkbox"/> |
| | | 5710 |
| 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 9 PM Dec 27 1953, to _____, 19____, that I last saw the deceased alive on Dec. 27, 1953, and that death occurred at 7:30A. m., from the causes and on the date stated above.

| | | |
|---|---|--|
| 23a. SIGNATURE Glewis R. Muller D.O. | 23b. ADDRESS Hannibal Mo | 23c. DATE SIGNED 12-28-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12/30/53 | 24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park |
| | | 24d. LOCATION (City, town, or county) (State) Hannibal Missouri |

| | | | |
|--|--|--|--|
| DATE REC'D BY LOCAL REG. 12-29-53 | REGISTRAR'S SIGNATURE Dr. E. M. Lucke | 25. FUNERAL DIRECTOR'S SIGNATURE W. C. Fisher | ADDRESS Hannibal Missouri |
|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED 1-6-54
MARION CO. HEALTH DEPT.
DATE FILED 1-6-54

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 *John S. Hunt*.....

Licensed Embalmer No....4540

P. O. Address Hannibal Miss

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.