

No. 306
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THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

118

State File No.

FILED FEB 10 1954

BIRTH NO. REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5087 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>Rural - Howard</u>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (If this place) <u>16 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 2 Rich Hill, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 2 Rich Hill, Mo.</u>			

3. NAME OF DECEASED (Type or Print) <u>Floyd Allen LaFarge</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-4-1954</u>	
a. (First)	b. (Middle)	c. (Last)	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-18-1893</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	

13a. FATHER'S NAME <u>John A. LaFarge</u>	13b. MOTHER'S MAIDEN NAME <u>Francis E. Robins</u>	14. NAME OF HUSBAND OR WIFE <u>Ella LaFarge</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ella LaFarge</u> ADDRESS <u>Rt. 2 Rich Hill, Mo.</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Myeloma</u>		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) <u>Pulmonary Emphysema</u>		
	DUE TO (c) <u>Pulmonary Infection</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tuberculosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>203X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 23, 1954, to Feb 4, 1954, that I last saw the deceased alive on Jan 30, 1954, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. A. Lusk Jr. M.D.</u> (Degree or title)	23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>Feb 6</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-6-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hume Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Hume, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Feb 6</u>	REGISTRAR'S SIGNATURE <u>Fern Martin</u> 1954	25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver Underwood</u> ADDRESS <u>Butler, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 3 1954

MAY 19 1954

MAR 5 1954

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... *Robert G. Steimbek*

Licensed Embalmer No... *465*

P. O. Address *Bethel, Me.*

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.