

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8102**

BIRTH NO. **FILED APR 12 1954** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Month		e. STREET ADDRESS (If rural, give location) St. Joseph Home of Aged	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Catherine		b. (Middle)	c. (Last) Laux
4. DATE OF DEATH April 9, 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 6, 1866
9. AGE (In years last birthday) 87		10. UNDER 1 YEAR 9	11. UNDER 24 HRS. 3
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) Taos, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME J. Albert Prenger		13b. MOTHER'S MAIDEN NAME Helen Stevens	14. NAME OF HUSBAND OR WIFE George Laux
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raph Prenger J. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Hypertensive Heart Disease 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. Fracture R. Hip 3-11-54	
19a. DATE OF OPERATION 3-19-54		19b. MAJOR FINDINGS OF OPERATION Hip nailed	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.) Home	21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) Jeff. City. Cole - Mo
21d. TIME OF INJURY 3-11-54 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on floor
22. I hereby certify that I attended the deceased from Apr. 1, 1952 , to Apr. 9, 1954 , that I last saw the deceased alive on Apr. 8, 1954 , and that death occurred at 2 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. A. Osaman M.D.		23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED Apr. 9, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/12/54	24c. NAME OF CEMETERY OR CREMATORY St. Peters	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
DATE REC'D BY LOCAL REG. April 10-54		REGISTRAR'S SIGNATURE R.P. Davis M.D. - M.R.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sylvestre Gulle J. C. MO.

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

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..... *Sydney A. Dulle*
Licensed Embalmer No. *432*

P. O. Address *Jefferson*

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.