

FILED MAY 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12883

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5913 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Bois Brule Twp.		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Rural
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS Bois-Brule Twp.		0290	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) G. c. (Last) L'Hote			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 24, 1883
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Perry County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Arthur L'Hote		13b. MOTHER'S MAIDEN NAME Catherine Schroeder	14. NAME OF HUSBAND OR WIFE Lillian L'Hote
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 Mrs. Lillian L'Hote
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis & Hypertension 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 checked="" type="checkbox"/>		331X	
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 4-13, 1954 to 4-27, 1954, that I last saw the deceased alive on 4-27, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Perryville, Mo.	23c. DATE SIGNED 4-29-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 30, 1954	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery
24d. LOCATION (City, town, or county) (State) Belgique, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young Bros. Perryville, Mo.	
DATE REC'D BY (LOCAL) REG. 4-30-54		REGISTRAR'S SIGNATURE [Signature] 250-0	

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: *Wallace Young*

Licensed Embalmer No. *402*

P. O. Address *Pennsylvania*

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.