

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16710

State File No.

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>NEW MADRID</u>		c. LENGTH OF STAY (in this place) <u>65 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID</u> <u>072</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>KINGSHIGH WAY ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WELTON</u> b. (Middle) <u>O'BANNON</u> c. (Last) <u>LAVALLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1954</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG-8-1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <u>PLUMBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>NEW MADRID CO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>EDWMAN LAVALLE</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE MARTIN</u>		14. NAME OF HUSBAND OR WIFE <u>KATHERINE LAVALLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-36-6094</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Lavalle New Madrid 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Occlusion</u> DUE TO (c) <u>Coronary Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>May</u> , 19 <u>50</u> , to <u>May 21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 21</u> , 19 <u>54</u> , and that death occurred at <u>5:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Louis J Smith MD</u>				23b. ADDRESS <u>New Madrid Mo</u>		23c. DATE SIGNED <u>25 May 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNDS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR NEW MADRID, MO</u>	
DATE REC'D BY LOCAL REG. <u>5/26/54</u>		REGISTRAR'S SIGNATURE <u>Helena Louise Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Knutson</u>		ADDRESS <u>New Madrid Mo</u>	

(Licensee, Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *Raymond L. Roberts*

Licensed Embalmer No. 4886

P. O. Address Newmarket

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.