

FILED OCT 4 1954

STANDARD CERTIFICATE OF DEATH

State File No. 30232

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 150	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. LENGTH OF STAY (In this place) 2 Wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Labadie Rural, Boles Twh. 360			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) Labadie. 0			
3. NAME OF DECEASED (Type or Print) Annie		a. (First)		b. (Middle) Laretto		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) October 1, 1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 2, 1875		9. AGE (In years last birthday) 79		10. MONTHS 4		DAYS 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Labadie, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nicholas Thiebes		13b. MOTHER'S MAIDEN NAME Augusta Pohlig		14. NAME OF HUSBAND OR WIFE Joseph C. Laretto			
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 Joseph C. Laretto Labadie, Mo. R. I.			
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, asthenia, 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 DUE TO (b) Arterio-sclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chc. hypertens				INTERVAL BETWEEN ONSET AND DEATH 10 days several yrs 3 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331 X		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)		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 Sept 14, 1954 , to Oct 1, 1954 , that I last saw the deceased alive on Sept 30, 1954 and that death occurred at 12:35 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE L. J. Herndon (Degree or title)				23b. ADDRESS Bohem Washington		23c. DATE SIGNED 10/1/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 3, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) Washington, Missouri	
DATE REC'D BY LOCAL REG. 10/1/54		REGISTRAR'S SIGNATURE L. J. Herndon		25. FUNERAL DIRECTOR'S SIGNATURE Herndon & Little		ADDRESS Washington, Missouri.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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

Lester A. Witt

Licensed Embalmer No.

3254

P. O. Address

Washington

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.

42/1/01