S. No. 300
v. 10.48

FILED SEP 22 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31068

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5576 Registrar's No. 131

0490

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL DUVALL TWP.
c. LENGTH OF STAY (in this place): 29YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RT # 2 JASPER, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL DUVALL TWP. 0490
d. STREET ADDRESS (If rural, give location): NORTH OF NECK CITY RT # 2 JASPER

3. NAME OF DECEASED (Type or Print): a. (First) LLEWELLYN b. (Middle) R. c. (Last) LAUB

4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 15, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DECEMBER 4, 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 9, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): BRIMFIELD, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: RICHARD LAUB
13b. MOTHER'S MAIDEN NAME: FRANCIS ROBINSON
14. NAME OF HUSBAND OR WIFE: FLORENCE LAUB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: MRS. FLORENCE LAUB ADDRESS: RT 2 JASPER, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (1) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis — Yrs.
DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Prostititis (Chronic)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 9, 19 54, *to* Sept. 15, 19 54 *that I last saw the deceased alive on* 9/15, 19 54, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D.O.
23b. ADDRESS: Alba, Mo.
23c. DATE SIGNED: 9/15/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 17, 1954
24c. NAME OF CEMETERY OR CREMATORY: WEBB CITY CEMETERY
24d. LOCATION (City, town, or county) (State): WEBB CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 9-16-54
REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer 474
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 20 1954
Jasper County Health Office
County File Number 54-9-780
Date Filed SEP 21 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 .....
Student Embalmer

Signed Leonard J. Lewis Jr

Licensed Embalmer No. 14561

P. O. Address Webb City Mo

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