

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>Rural Valle Twp.</u>	c. LENGTH OF STAY (In this place) <u>YRS.</u>	c. CITY OR TOWN <u>De Soto</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R #1 De Soto</u>		e. STREET ADDRESS (If rural, give location) <u>R #1</u> 0500	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>H.</u>	c. (Last) <u>LAIBEN</u>	4. DATE OF DEATH (Month) (Day) (Year)
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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>April 14, 1897</u>	9. AGE (In years last birthday) <u>57</u>	MONTHS <u>6</u>	YEARS <u>9</u>	IF UNDER 1 YEAR Hours <u>9</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GLASS Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.P.H. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Genevieve County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Laiben Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Genevieve Paul</u>	14. NAME OF HUSBAND OR WIFE <u>Octa E.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wm Laiben R #1 De Soto Mo.</u>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Heart Failure</u> 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>De Soto Mo. R #1 Jefferson Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. B. Edwards, M. D. Coroner</u>	23b. ADDRESS <u>Cedar Hill Mo.</u>	23c. DATE SIGNED <u>Oct. 23, 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct. 26, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Garden</u>	24d. LOCATION (City, town, or county) (State) <u>Crystal City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-26-54</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Guert R. Felitto</u>	ADDRESS <u>Crystal City Mo.</u>
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NOV 16 1954

JUL 19 1954

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 30 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.....
Signature of Student Embalmer

Signed *Gentry C. Peltte*

Licensed Embalmer No. *248*

P. O. Address *Crystal City*

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.