

FILED NOV 15 1954

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 57669 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) "Rural" Bedford		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Charles Co.
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #47		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
• STREET ADDRESS "Rural" R.R.#1		0920	

3. NAME OF DECEASED (Type or Print)	a. (First) MAURICE	b. (Middle) DAVID	c. (Last) LABARGE	4. DATE OF DEATH (Month) (Day) (Year)
				Nov. 6 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Never Married	8. DATE OF BIRTH Feb. 8, 1937	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) St. Charles, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John La Barge	13b. MOTHER'S MAIDEN NAME Mary Farley	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. 498-34-6559	17. INFORMANT'S SIGNATURE OR NAME John LaBarge, St. Charles Co., Mo.	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest & Internal Injuries		Inst.
	ANTECEDENT CAUSES DUE TO (b) Automobile Traumatism Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) (Coroner's Jury Verdict)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.		E9161 20	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway # 47	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bedford Twp. Lincoln Missouri
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 6, 1954 9:50 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Collision of auto he was driving with a pickup truck.
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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.

22a. SIGNATURE Joseph J. Marsh Coroner (Degree or title)	23b. ADDRESS 351 Monroe St Troy, Mo.	23c. DATE SIGNED 11/10/54
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24a. FUNERAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 10, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo	24d. LOCATION (City, town, or county) (State) St. Charles Missouri
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DATE REC'D BY LOCAL REG. 11-13-54	REGISTRAR'S SIGNATURE Emma B. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE J.C. Dalmer	ADDRESS St. Charles, Mo
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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 *Frank R. Qualson*.....

Licensed Embalmer No. *48*.....

P. O. Address *St. Charles*.....

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.