

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35068

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 337

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY STODDARD	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington Rural St. Francois		c. LENGTH OF STAY (In this place) 1 Mo. 4 das.	c. CITY OR TOWN Advance, 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 Missouri State Hospital No. 4		e. STREET ADDRESS (If rural, give location) 1030	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) H. c. (Last) LACROIX		4. DATE OF DEATH (Month) (Day) (Year) October 28, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 21, 1885
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 7	IF UNDER 2 HRS. Days 7 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright - retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Jacob LaCroix	13b. MOTHER'S MAIDEN NAME Mary Miedirhoff	14. NAME OF HUSBAND OR WIFE Ruth Davis
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hospital No. 4, Farmington, Mo.
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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, asthenia, 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) Lobar pneumonia - - - - -		Abt. 2 das.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic asthma and emphysema DUE TO (c)		Unknown.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Psychosis with cerebral arteriosclerosis.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from February 3, 1954, to October 28, 1954, that I last saw the deceased alive on October 28, 1954 and that death occurred at 6:55 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. P. Brennan, M.D.	23b. ADDRESS	23c. DATE SIGNED 10-28-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 2, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Joseph	24d. LOCATION (City, town, or county) (State) Advance, Mo.
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DATE REC'D BY LOCAL REG. Oct. 28, 1954	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Morgan, Advance, 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.....
William H. Morgan

Licensed Embalmer No.....
464

P. O. Address.....
Advocate

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.