

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **324**FILED JAN 24 1955
BIRTH NO. **41609-54** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY OR TOWN Washington Twp. St. Joseph, Rural		c. LENGTH OF STAY (In this place) 6 Mo.	c. CITY OR TOWN St. Joseph		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 3708 Penn St.			F. STREET ADDRESS (If rural, give location) 3708 Penn St.		
3. NAME OF DECEASED (Type or Print) a. (First) CURTISS b. (Middle) LYNN c. (Last) LA FEVER			4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 7/1954	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Days 6
IF UNDER 1 YEAR Hours 0	IF UNDER 2 HRS. Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY U	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Earl R. La Fever		13b. MOTHER'S MAIDEN NAME Ada M. Richards		14. NAME OF HUSBAND OR WIFE -- None	
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 Mr. & Mrs. Earl LaFever, St. Joseph		
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 MISSOURI I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia, probable		INTERVAL BETWEEN ONSET AND DEATH unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Otitis media		3 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 492X		
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?		
22. I hereby certify that I attended the deceased from 1/7/55 , to 1/10, 1955 that I last saw the deceased alive on 1/7, 1955 and that death occurred at 7:30 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Thos Redmond, MD			23b. ADDRESS St Joseph, Mo		23c. DATE SIGNED 1/11/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 12/55	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Mo.		
DATE REC'D BY LOCAL REG. Jan 17, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barry Funeral Home, St. Joseph		

(Licensed Embalmer's Statement on Reverse Side)

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..... *Victor J. Barry*

Licensed Embalmer No. *421*

P. O. Address *S. T. Jones*

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.