No. 300
10.48

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

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4516

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 191

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield 0550
d. STREET ADDRESS (If rural, give location) Mercy Infirmary

3. NAME OF DECEASED (Type or Print)
a. (First) Arthur
b. (Middle) Joseph
c. (Last) LaPlante

4. DATE OF DEATH (Month) Feb (Day) 26 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 11-1875
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroader
10b. KIND OF BUSINESS OR INDUSTRY Rail Road
11. BIRTHPLACE (State or foreign country) Marquette Mich
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Arthur J. LaPlante
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Marion Bowtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 490-14-0091
17. INFORMANT'S SIGNATURE OR NAME Arthur LaPlante
ADDRESS Aurora 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) Pulmonary Hemorrhage — Interval between onset and death: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — years
DUE TO (c) Arterio-sclerosis

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 447X
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* Jan 25, 1955, *to* Feb 26, 1955, *that I last saw the deceased alive on* Feb 25, 1955, *and that death occurred at* 12 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE John W. Williams Jr. M.D. (Degree or title)
23b. ADDRESS Springfield Mo
23c. DATE SIGNED 2-26-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/1/55
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) Aurora Mo (State)

DATE REC'D BY LOCAL REG. 2-28-55
REGISTRAR'S SIGNATURE Earle Williamson
25. FUNERAL DIRECTOR'S SIGNATURE Oscar L. Marsh
ADDRESS Aurora Mo

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Myself ....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed Oscar L. Marsh

Licensed Embalmer No. 13872 MO

P. O. Address Aurora 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.