FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14582

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5058 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Monett
c. LENGTH OF STAY (in this place): 80 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mile South, Monett

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN: Monett
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural 1 Mile South, Monett

3. NAME OF DECEASED (Type or Print)
a. (First): DANIEL
b. (Middle): LEWIS
c. (Last): LAUTARET

4. DATE OF DEATH (Month) (Day) (Year): May, 28, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 13, 1864
9. AGE (In years last birthday): 91 — If under 1 year: Months 0, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Uraguary, South America
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Lautaret
13b. MOTHER'S MAIDEN NAME: Marie Courdin
14. NAME OF HUSBAND OR WIFE (Decs.): Jennie Bounous Lautaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Joe Paul Lane, Tulsa, Okla.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremic Poisoning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardiac Failure
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 4-6, 1951, *to* 5-28, 1955, *that I last saw the deceased alive on* 5-28, 1955, *and that death occurred at* 10:30 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Williams D.O.
23b. ADDRESS: Monett Mo.
23c. DATE SIGNED: 6/1/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/31/55
24c. NAME OF CEMETERY OR CREMATORY: Waldensian
24d. LOCATION (City, town, or county) (State): Barry County, Mo.

DATE REC'D BY LOCAL REG.: 5-31-55
REGISTRAR'S SIGNATURE: Mrs. O. N. Cook
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J. P. Buchanan Monett Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO..

NO. 655 - 261

DATE REC. 6-11-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3

P. O. Address Monett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.