

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29561**

BIRTH NO. _____		REG. DIST. NO. 134		PRIMARY REG. DIST. NO. 4208		Registrar's No. 13			
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cainsville		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cainsville		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Millard c. (Last) Lafollette			4. DATE OF DEATH (Month) (Day) (Year) September 10 1955						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 6, 1870			
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Mercer County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Robert Lafollette			13b. MOTHER'S MAIDEN NAME Amanda Craig			14. NAME OF HUSBAND OR WIFE Lilly Gladys Lafollette			
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 M. E. Lafollette			ADDRESS Cainsville, 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) CORONARY THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Coronary Insufficiency DUE TO (c) 4201					INTERVAL BETWEEN ONSET AND DEATH 5 minutes 8 months		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
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 Aug. 1949 , to Sept 10, 1955 , that I last saw the deceased alive on Sept 4, 1955 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Alfred Lauff D. O.				23b. ADDRESS Cainsville, Mo.		23c. DATE SIGNED 9/10-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 12, 1955		24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		24d. LOCATION (City, town, or county) (State) Cainsville, Mo.			
DATE REC'D BY LOCAL REG. Sept 20-55		REGISTRAR'S SIGNATURE S. Ph. Shaw 117			25. PUBLIC HEALTH DIRECTOR'S SIGNATURE [Signature]			ADDRESS Cainsville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

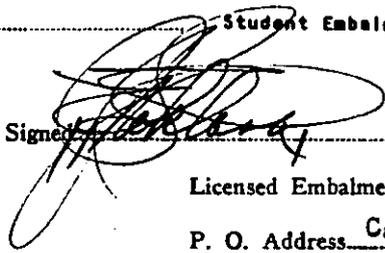
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.