

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1955

State File No. 32647
23-1955
Registrar's No. 86

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>532386</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba "Rural" Knobview</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 yrs</u>		c. CITY OR TOWN <u>Cuba</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>AT Home</u>				e. STREET ADDRESS (If rural, give location) <u>8 mi. N. W. of Cuba - Old Jones Pct. Rd.</u>			
3. NAME OF DECEASED (Type or Print) <u>Margaret Elizabeth</u>		a. (First) <u>Margaret</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>LaCroix</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, REVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov. 14 1864</u>	
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		9. AGE (In years last birthday) <u>90</u> if UNDER 1 YEAR Months <u>11</u> Days <u>14</u> if UNDER 2 HRS. Hours <u>14</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cahokia, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Moussette</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Allery</u>		14. NAME OF HUSBAND OR WIFE <u>Isaac F. LaCroix - decd.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lee LaCroix</u> ADDRESS <u>Street Cuba, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Renal Disease.</u>					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>					
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Apr</u> , 1955, to <u>Oct 28, 1955</u> , that I last saw the deceased alive on <u>Oct 28, 1955</u> , and that death occurred at <u>11:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.B. Silling</u> (Degree or title)				23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>10-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 31-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>Ballerille Illinois</u>	
DATE REC'D BY LOCAL REG. <u>11-31-1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

NOV 2 1958

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 *Harman O. Hoene*

Licensed Embalmer No. *467*
P. O. Address *Cuba, Y.*

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.