

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8136

State File No.

FILED APR 9 - 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 362

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>302 Ohio Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Mabel</u>	b. (Middle) <u>E.</u>	c. (Last) <u>LaFavor</u>	<u>Mar. 28, 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 2, 1894</u>	9. AGE (In years last birthday) <u>61</u>	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) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oxford Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Ben Rippy</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Van Houton</u>		14. NAME OF HUSBAND OR WIFE <u>George LaFavor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-24-4136</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George LaFavor St. Joseph, Mo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDICAL CERTIFICATION</u> <u>Cerebral atherosclerosis with cerebral spasms and/or thrombosis leading to respiratory failure</u> <u>Cerebral thrombosis, left side</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Large ventral (incisional) hernia in abd. abdominal scar of colon</u> DUE TO (c) <u>reaction to perforated obstructing caecocolic sigmoidoscopy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u> <u>2 years</u> <u>20 months</u> <u>3 years</u> <u>? 6 months</u>	
19a. DATE OF OPERATION <u>3-28-'56</u>		19b. MAJOR FINDINGS OF OPERATION <u>3-6-'56 Umbilical herniorrhaphy. 12-24-'55 colon resection with end-to-end anastomosis. 10-20-'54 Sigmoidal resection. 3-28-'56 Ventral herniorrhaphy + 2nd look operation and lymphadenectomy</u>		20. AUTOPSY? YES <input checked="" 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) <u>153x</u>	
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 14 Nov., 1946, to 28 March, 1956, that I last saw the deceased alive on 28 March, 1956, and that death occurred at 11:35 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thompson P. Potter</u>		23b. ADDRESS <u>731 Faron St. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>3-29-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/2/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, MO</u>					

DATE REC'D BY LOCAL REG. <u>Apr 4, 1956</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John E. Ruff</u>		ADDRESS <u>St. Joseph, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

485

SEP 1 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, ~~quay~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Allan E. Bazar*.....

Licensed Embalmer No. *479*.....

P. O. Address *St. Joseph*.....

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.