

THE DIVISION OF REALTY OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

37412

FILED DEC 7 - 1956

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>JEFFERSON City</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>VERSAILLES</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S Hosp.</u> Length of stay in lb <u>2 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>16 Mc S. VERS.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LOUIS</u> Middle <u>MARSHALL</u> Last <u>LAURIE</u>			4. DATE OF DEATH Month <u>DEC.</u> Day <u>1</u> Year <u>1956</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>DEC. 22, 1880</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCERY</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI</u>	9c. AGE (In years last birthday) <u>75 yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
11. BIRTHPLACE (City and state of country) <u>LINN CREEK MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>NO RECORD</u>		14. MOTHER'S MAIDEN NAME <u>NO RECORD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT <u>WM LAURIE</u>		Address <u>VERSAILLES, MO.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>420.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Diabetes Mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2-3 yrs.?</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY. Hour <u>12:45</u> Month, Day, Year <u>Nov 29 '56</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Nov 29 '56</u> to <u>Dec 1 '56</u> and last saw <u>her</u> alive on <u>Nov 30 '56</u> Death occurred at <u>12:45 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dwight or title) <u>Earl P. Loyd, M.D.</u>		22b. ADDRESS <u>Jaff. City Mo.</u>	
22c. DATE SIGNED <u>12-1-56</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
23b. DATE <u>1 DEC-56</u>		23c. NAME OF CEMETERY OR CREMATORIUM <u>VERSAILLES CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>VERSAILLES, MO.</u>		(State)	
24. FUNERAL DIRECTOR <u>W-F. Kidwell</u>		ADDRESS <u>VERSAILLES, MO</u>	
25. DATE RECD. BY LOCAL REG. <u>1 December 1956</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris MD-MR</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

4561 02 1927

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..... *Raymond C. Gordon*

Licensed Embalmer No.

P. O. Address *Versailles*

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.