

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1957

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3009</u>		Registrar's No. <u>126</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson, CITY</u>		c. LENGTH OF STAY (in this place) <u>more info</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>		d. STREET ADDRESS (If rural, give location) <u>424 N. High St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deol Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>424 N. High St</u>					
3. NAME OF DECEASED (Type or Print) <u>MARY CROSBY LAPIERRE</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>Feb 3, 1957</u>		(Month)		(Day)		(Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single Never</u>		8. DATE OF BIRTH <u>July 23-1883</u>			
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>			11. BIRTHPLACE (State or foreign country) <u>Jackson Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Z. M. Lapiere</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Walling</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tom Lapiere</u>				ADDRESS <u>Jackson 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis, cerebral</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 years.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>						<u>7 years.</u>	
		DUE TO (c) _____						_____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <u>2</u> 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>4-6, 1951</u> , to <u>2-3, 1957</u> , that I last saw the deceased alive on <u>2-2, 1957</u> , and that death occurred at <u>Five A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. F. McDonald, M.D.</u> (Degree or title)					23b. ADDRESS <u>Jackson, Mo.</u>			23c. DATE SIGNED <u>2-5-57</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 5, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jackson</u>		24d. LOCATION (City, town, or county) <u>Jackson Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>2-7-57</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>			5. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell</u> ADDRESS <u>Jackson Mo</u>				

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

1957 JUN 4 1957
1957 JUN 7 1957

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
Student Embalmer

Signed *Lymon Steele*

Licensed Embalmer No. 2476

P. O. Address Jackson 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.