Health,
& Welfare
Public
Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9808
STATE FILE NUMBER

FILED APR 9 - 1957

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Desloge — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Desloge — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 0940 0 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Otto Middle E. Last LA Point
4. DATE OF DEATH Month April Day 3 Year 1957
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 20, 1884
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 3 Days 14 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Wisconsin 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank LaPoint
14. MOTHER'S MAIDEN NAME Elme Hockert
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Paul LaPoint Address Ottumwa Iowa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Few Seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart Disease — Several years
DUE TO (c) Generalized arterial Sclerosis — Several years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4/3/57 to 4/3/57 and last saw ~~her~~ him alive on Expired when arrived
Death occurred at 7:45 pm. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul L Jones M D 0
22b. ADDRESS Flat River, Mo
22c. DATE SIGNED 4-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 7 1957
23c. NAME OF CEMETERY OR CREMATORY Ottumwa Cemetery
23d. LOCATION (City, town, or county) (State) Ottumwa, Iowa

24. FUNERAL DIRECTOR Raymond Caldwell and Sons ADDRESS Flat River, Mo
25. DATE RECD. BY LOCAL REG. Apr. 4 - 1957
26. REGISTRAR'S SIGNATURE Esther Rindloff

89-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R Caldwell

Licensed Embalmer No. 253

P. O. Address Flat River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.