

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13681**

FILED APR 16 1957

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 2029		Registrar's No. 21			
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JEFFERSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CRYSTAL CITY		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN CRYSTAL CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1708 Taylor Ave.				e. STREET ADDRESS (If rural, give location) 1208 TAYLOR AVE. 050/0					
3. NAME OF DECEASED (Type or Print) a. (First) LUCILLE			b. (Middle) _____		c. (Last) LABURAY		4. DATE OF DEATH (Month) (Day) (Year) APR. 4, 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DEC. 4, 1873		9. AGE (In years last birthday) 83	If UNDER 1 YEAR Months _____ Days _____	If UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) PERRY COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME WILLIAM BROWN			13b. MOTHER'S MAIDEN NAME CATHERINE RUDLOFF		14. NAME OF HUSBAND OR _____ DECEASED				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME HADLEY LABURAY, CRYSTAL CITY, MO. ADDRESS _____					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular disease ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? 2 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 Apr. 3, 1957 , to _____, 19____, that I last saw the deceased alive on Apr. 3, 1957 , and that death occurred at 9:00 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title) _____				23b. ADDRESS Festus, Mo		23c. DATE SIGNED 4/3/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/6/57	24c. NAME OF CEMETERY OR CREMATORY METHODIST CEMETERY		24d. LOCATION (City, town, or county) (State) FESTUS MISSOURI				
DATE REC'D BY LOCAL REG. 4-5-57		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE James R. Cady, CRYSTAL CITY, MO. ADDRESS _____					

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 9 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.....
Signature of Student Embalmer

Signed *James Richard Cady*.....
Licensed Embalmer No. *4309*
P. O. Address *CRYSTAL CITY*

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.