FILED JUL 31 1957

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REG.# 14570

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23708

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 462

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL — Length of stay in 1b 18 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY PERRY
c. CITY OR TOWN PERRYVILLE — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) ROUTE ONE — Reside on Farm Yes ☐ X No ☐

3. NAME OF DECEASED (Type or print): First PETER Middle (NMI) Last LA ROSE

4. DATE OF DEATH: Month JULY Day 15, Year 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2-7-94

9. AGE (In years last birthday): 63 — 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): RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (City and state or country): PERRY COUNTY, MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM LA ROSE

14. MOTHER'S MAIDEN NAME: MARY WHISTLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 499-03-6651

17. INFORMANT: VA HOSPITAL RECORDS, POPLAR BLUFF, MO. (Address)

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) SHOCK, SECONDARY TO LEAKAGE OF GASTROENTEROSTOMY. — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CARCINOMA OF STOMACH WITH WIDE SPREAD METASTASES. — UNKNOWN

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

151X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2 NO

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 June 27, 1957, to July 15, 1957 ~~[illegible]~~

Death occurred at 12:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. W. GASKINS, M.D., Chief, Surg. Svc.

22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.

22c. DATE SIGNED: 7/16/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: July 15, 1957

23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery

23d. LOCATION (City, town, or county) (State): Perryville, Mo.

24. FUNERAL DIRECTOR: Albert Bey, Perryville, Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG.: 7/23/57

26. REGISTRAR'S SIGNATURE: R. H. Minetree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

RECEIVED
JUL 30 1957
BUTLER CO. HEALTH CENTER
FILE No.

RECEIVED
JUL 20 1957
C & R SECTION
VA HOSPITAL
Poplar Bluff, Mo.

JUL 31 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Albert Ben

Licensed Embalmer No. 38

P. O. Address Perryvill

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.