

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28176

STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		c. CITY OR TOWN Arcadia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 118 N. Main		d. STREET ADDRESS (If outside, give location) The Home for Aged Baptist	
3. NAME OF DECEASED (Type or print) First RUPERT Middle S. Last LaRUE		4. DATE OF DEATH Month Aug. Day 27 Year 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 3 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 64
11. BIRTHPLACE (City and state or country) Steelville Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Elkey LaRue		14. MOTHER'S MAIDEN NAME Julia Key	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492-10-2889	
17. INFORMANT Mrs. Nora LaRue, Ironton Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Heart disease DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 min. ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 _____ a. m. _____ p. m. _____			
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 5-28-57 to 8-27-57 and last saw her/him alive on 8-27-57 Death occurred at 10:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. E. Horland, M.D.		22b. ADDRESS Ironton, Mo.	
22c. DATE SIGNED 8-31-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-31-57	
23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park		23d. LOCATION (City, town, or county) (State) Ironton Mo.	
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.		25. DATE RECD. BY LOCAL REG. 9-3-57	
26. REGISTRAR'S SIGNATURE Mrs. Ann Jones			

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 causally related.

Ames Walter (Licensed Embalmer's Statement on Reverse Side)

SEP 19 1957

SEP 30 1957

SEP 18 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 *Carol White*

Licensed Embalmer No. *301*

P. O. Address *Monte*

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.