

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2523

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre,</u>		c. CITY OR TOWN <u>Rt. 1 Bonne Terre,</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u>		d. STREET ADDRESS <u>Rt. 1</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>Mignon-Amanda----Le Compte</u>		4. DATE OF DEATH <u>January 30, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 16, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and state or country) <u>Springfield, Missouri</u>
13. FATHER'S NAME <u>Henry Le Compte</u>		14. MOTHER'S MAIDEN NAME <u>Kate Stag</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Alonzo Le Compte, Husband- Same</u>		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) <u>arteriosclerotic coronary artery <del>arteriosclerosis</del> thrombosis.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <u>4201</u>	
20c. TIME OF INJURY <u>Hour Month, Day, Year</u>			
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 <u>Jan. 29, 1958</u> to <u>Jan. 30, 1958</u> and last saw her alive on <u>Jan. 30, 1958</u> Death occurred at <u>10:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. J. Haw, Jr. M.D.</u>		22b. ADDRESS <u>Bonne Terre, Mo</u>	
22c. DATE SIGNED <u>1/30/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-1-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre</u>		23d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>	
24. FUNERAL DIRECTOR <u>Sparks Funeral Home, Bonne Terre</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 30, 1958</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	

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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.....  
*Everett Sparks*

Licensed Embalmer No. *H. 11*

P. O. Address *Bonnie Lee*

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.