

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006916

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 82

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Francois</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Flat River, Mo</u>		c. CITY OR TOWN <u>Flat River, Mo</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>303 Lewis St. Flat River, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>303 Lewis St.</u>	

3. NAME OF DECEASED (Type or print) <u>Mr. Raymond LaBort</u>			4. DATE OF DEATH <u>Feb. 21 1958</u>		
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			8. DATE OF BIRTH <u>June 26 1891</u>		
9. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. AGE (In years last birthday) <u>66-7-25</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>an attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Hospital no 4</u>		11. BIRTHPLACE (City and state or country) <u>near Womack - St. Francois Co. Mo.</u>	
13. FATHER'S NAME <u>Mr. James B. LaBort</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Eden</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>			17. INFORMANT <u>Mr. Betty LaBort (wife)</u>		
16. SOCIAL SECURITY NO. <u>500-16-1595</u>			Address <u>303 Lewis St. Flat River, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Prostatic carcinoma</u>			
DUE TO (b) <u>generalized metastases</u>		<u>2 yrs.</u>	
DUE TO (c)			
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"/> <u>2</u>			

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>177X</u>		
20c. TIME OF INJURY Hour Month, Day, Year 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	
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21. I attended the deceased from Jan 1958 to Feb 21 58 and last saw ^{her}him alive on Feb 20, 1958
Death occurred at 730 E m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J. C. Foster M.D.</u>		22b. ADDRESS <u>Desloge, Mo</u>		22c. DATE SIGNED <u>2-23-58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb 23-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Leedsington Mo.</u>	
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24. FUNERAL DIRECTOR ADDRESS <u>Wm. W. Hood Flat River, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 23 1958</u>		26. REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	
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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 7 1958

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 *Alvin W. Hood*.....

Licensed Embalmer No. *27*
303 Crane St.
P. O. Address *Flat 2, Quincy*

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.