

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020719
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
-57
00

FD MAY 29 1958 Registration District No. 566 Primary Registration District No. 6240 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harmony Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Harmony Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi. S.W. Coultais</u> Length of stay in lb <u>20 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>2 mi. S.W. Coultais</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Law</u> Middle <u>Laramore</u> Last <u>Laramore</u>			4. DATE OF DEATH Month <u>May</u> Day <u>18</u> Year <u>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"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 9 1900</u>	9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months <u>2</u> Day <u>9</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	--	--------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTH PLACE (city and state or country) <u>Washington Co. Mo. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>James Laramore</u>	13b. MOTHER'S MAIDEN NAME <u>Esther Laramore</u>	14. NAME OF HUSBAND OR WIFE <u>Ester Laramore</u>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>Ester Laramore Coultais Mo.</u> Address <u></u>
--	---------------------------------	--

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>myocarditis</u> DUE TO (b) <u>Hypertension and arteriosclerosis</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>443X</u>		INTERVAL BETWEEN ONSET AND DEATH <u></u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></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></u>
---	--

20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>
---	--	--	---

21. I attended the deceased from <u>1956</u> to <u>1958</u> and last saw him alive on <u>Jan. 1958</u> Death occurred at <u>12:15 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>L. Cresswell MD</u>	22b. ADDRESS <u>Polaski Mo.</u>	22c. DATE SIGNED <u>5/20/58</u>
---	---------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Emmeaus Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
---	--------------------------	--	---

24. FUNERAL DIRECTOR <u>Mr. Luther Sparks</u> ADDRESS <u>Patocimo</u>	25. DATE RECD. BY LOCAL REG. <u>5/28/58</u>	26. REGISTRAR'S SIGNATURE <u>A. Ernest Rudall</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

35

JUN 20 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 *Murphy L. Sparker*

Licensed Embalmer No. *4236*
P. O. Address *Flat River*

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.