Health, & Welfare Public Service

S. 300 1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-035726

FILED OCT 28 1958 Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 506

1. PLACE OF DEATH
a. COUNTY: Cape
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jackson, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deal Nursing Home — Length of stay in 1b: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: New Madrid
c. CITY OR TOWN: New Madrid — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS: 072 0 (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Laura Middle: A. Last: Korn

4. DATE OF DEATH Month Day Year: October 7, 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: 2-16-1866

9. AGE (In years last birthday): 92 — 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):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): New Madrid County 0

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Henry Latham

13b. MOTHER'S MAIDEN NAME: Christine LeSieur

14. NAME OF HUSBAND OR WIFE: UNKNOWN

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

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Willis Chapman, Charleston, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	1 hr ±
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary occlusion	1 hr ±
DUE TO (c)	arteriosclerotic heart disease	10 ± yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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** [X]

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 8-30-58, to 10-1-58 and last saw her alive on 10-1-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. L. Frazier M. D.

22b. ADDRESS: 206 N. Lincoln, East Prairie, Mo.

22c. DATE SIGNED: 10-18-58

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

23b. DATE: 10-9-58

23c. NAME OF CEMETERY OR CREMATORY: New Madrid Cemetery

23d. LOCATION (City, town, or county) (State): New Madrid, Missouri

24. FUNERAL DIRECTOR ADDRESS: Travis Shelby Jr., East Prairie, Mo.

25. DATE RECD. BY LOCAL REG.: Oct 23, 1958

26. REGISTRAR'S SIGNATURE: Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Travis Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address East Prairie

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.