

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004229

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 15

300
1-57 4

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		c. CITY OR TOWN Bronaugh, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Belcher Nurs. Home		d. STREET ADDRESS (If outside, give location) --Rural--	
3. NAME OF DECEASED (Type or print) First Daisy Middle Henrietta Last La Grand		4. DATE OF DEATH Month 1 Day 20 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 11, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Unknown
13a. FATHER'S NAME Adam McWherter		13b. MOTHER'S MAIDEN NAME Rachel Ebez	14. NAME OF HUSBAND OR WIFE Paul LaGrand, Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Richard McWherter, Nephew
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclertic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 7 years
DUE TO (b) General Arteriosclerosis			
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"/>
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. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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 5-14-51 to 1-20-59 and last saw her alive on 1-16-59 Death occurred at 10:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. L. Martini M.D.		22b. ADDRESS Nevada, Mo.	22c. DATE SIGNED 1-26-59
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE 1-22-1959	23c. NAME OF CEMETERY OR CREMATORY Worsley Cemetery	23d. LOCATION (City, town, or county) (State) Bronaugh, Missouri
24. FUNERAL DIRECTOR Hays Funeral Service, Inc. Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 1-28-1959	26. REGISTRAR'S SIGNATURE Arnal & Jerry

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Richard L. Lipkin*

Licensed Embalmer No. *5953*
P. O. Address *H. ...*

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.