

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018300

STATE FILE NUMBER

FILED MAY 20 1959

Registration District No. 172

Primary Registration District No. 5143 42-73

Registrar's No. 38

300
-57

A. D. Brady, M.D.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>NEW YORK</u> b. COUNTY <u>ESSEX</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREEDOM</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>KEESEVILLE</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>6 mi WEST OF CONCORDIA MO</u>		Length of stay in lb <u>18 MONTHS</u>	d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HIBERT</u> Middle <u>LA</u> Last <u>MERE</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>11</u> Year <u>1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 1, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN LABOR</u>	11. BIRTHPLACE (City and state or country) <u>KEESEVILLE, NY</u>
12a. FATHER'S NAME <u>BASILE LA MERE</u>		13b. MOTHER'S MAIDEN NAME <u>DELIA GEROUX</u>	14. NAME OF HUSBAND OR WIFE <u>DORA LA MERE</u> DECEASED
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>NO</u>	17. INFORMANT <u>FRANK LA MERE</u> Address <u>CONCORDIA MO</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>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Coronary atherosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1-2</u> <u>minutes</u> <u>several</u> <u>years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 checked="" 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>Nov 14, 1958</u> to <u>May 11, 1959</u> and last saw him alive on <u>May 11, 1959</u> Death occurred at <u>10 45</u> p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. D. Brady M.D.</u> (Degree or title)		22b. ADDRESS <u>Concordia Mo</u>	22c. DATE SIGNED <u>5/11/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5/16/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHEL</u>	23d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>
24. FUNERAL DIRECTOR <u>E. S. James</u> ADDRESS <u>Concordia Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May-14-1959</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>

JAN 21 1980

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2058.....

P. O. Address Concordia, Me.....

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.