

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 12 1959

59-026268

STATE FILE NUMBER

Registration District No. 377 Primary Registration District No. \_\_\_\_\_ Registrar's No. 15

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Reynolds</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Centerville</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Reynolds</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Centerville</b>		Length of stay in 1b <b>28 yrs.</b>		c. CITY OR TOWN <b>Centerville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>JAMES</b>		Middle <b>CALLIE</b>		Last <b>LARAMORE</b>		Month Day Year <b>July 29 1959</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-10-1887</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>19</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Potosi Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Harold T. Laramore</b>			13b. MOTHER'S MAIDEN NAME <b>Phoebe Rasnic</b>			14. NAME OF HUSBAND OR WIFE <b>Marena Laramore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW I</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Marena Laramore, Centerville</b>		
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) <b>Arteriosclerotic heart disease</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>pulmonary fibrosis and insufficiency</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ Month, Day, Year _____							
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 <b>investigation as register</b> and last saw <sup>her</sup> him alive on _____ Death occurred at <b>3.45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Edna Jarvid (Registrar)</i>				22b. ADDRESS <b>Corridor, Mo</b>		22c. DATE SIGNED <b>Aug 5 '59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7-31-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Centerville Cemetery</b>		23d. LOCATION (City, town, or county) <b>Centerville Mo.</b>		
24. FUNERAL DIRECTOR <i>Rued J. White</i> <b>White Funeral Home, Ironton Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Aug-5-59</b>		26. REGISTRAR'S SIGNATURE <i>Edna Jarvid</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF TEXAS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul J. White

Licensed Embalmer No. 3012

P. O. Address Houston, Tex

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.