

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030184

STATE FILE NUMBER

FILED VS. SEP 15 1959 346

Registration District No. \_\_\_\_\_

Registrar's No. 345

DED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Francois</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Desloge</b>		Length of stay in 1b	c. CITY OR TOWN <b>Desloge</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>100 S 6th. Street</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>100 S 6th. Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>Hattie Olive Laws</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>Sep't. 6 1959</b>			
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Sep. 25, 1885</b>	<b>9. AGE (last birthday)</b> <b>73</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Pike County, Ill</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>George Keller</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lucinda Seahorne</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Luther Laws</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT</b> Address <b>Mr. Luther Laws, Desloge, Mo.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial infarction</b> DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) <b>Arteriosclerotic heart &amp; vascular disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b> <b>20 min</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>		
<b>20c. TIME OF INJURY</b> Hour a.m. p.m.		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>	
<b>21. I attended the deceased from</b> <b>Sept 6, 1959</b> to <b>Sept 6, 1959</b> and last saw <b>her</b> alive on <b>Sept 6, 1959</b> Death occurred at <b>2:40 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <b>W. Paul Dennis M.D.</b>			<b>22b. ADDRESS</b> <b>Post Run, Mo.</b>		<b>22c. DATE SIGNED</b> <b>9/8/59</b> (State)	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>9/9/1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Francois Memorial</b>		<b>23d. LOCATION (City, town, or county)</b> <b>St. Francois, Co. Mo</b>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>C. Z. Boyer &amp; Son Desloge, Mo</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>Sept. 8, 1959</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>Ether Rueloff</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 B. T. Boyer

Licensed Embalmer No. 366

P. O. Address Desloge, Mo

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.