

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 17 1959

59-033144

STATE FILE NUMBER

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PORTAGEVILLE</u>		Length of stay in 1b <u>78 YEARS</u>	c. CITY OR TOWN <u>PORTAGEVILLE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LA FONT'S SERVICE STATION</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>424 E. MAIN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>SAMUEL LEE LA FONT</u>			4. DATE OF DEATH Month Day Year <u>SEPT. 2, 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 19, 1881</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED ICE & COAL DEALER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ICE & COAL DEALER</u>		11. BIRTHPLACE (City and state or country) <u>PORTAGEVILLE Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>JACK LA FONT</u>		13b. MOTHER'S MAIDEN NAME <u>PARALEE DELISLE</u>		14. NAME OF HUSBAND OR WIFE <u>LULA LA FONT</u>		
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.		17. INFORMANT <u>HARRY LEE LA FONT</u> Address <u>PORTAGEVILLE, Mo.</u>		

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)	<u>Acute myocardial infarction</u>	<u>Terminal</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary arteriosclerosis</u>	
	DUE TO (c)	

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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Portageville</u>	COUNTY <u>New Madrid</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>1949</u> , to <u>1 Sept 59</u> and last saw her/him alive on <u>20 Aug 59</u> 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) <u>L. B. Painter Jr., M.D.</u>	22b. ADDRESS <u>Portageville, Mo</u>	22c. DATE SIGNED <u>Sept 3 '59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-4-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PORTAGEVILLE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE Mo.</u>

24. FUNERAL DIRECTOR <u>DELISLE FUNERAL PARLOR</u>	ADDRESS <u>PORTAGEVILLE, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-4-59</u>	26. REGISTRAR'S SIGNATURE <u>Ellen M. Lisle Miles</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 17 1955

MS OCT 2 1959

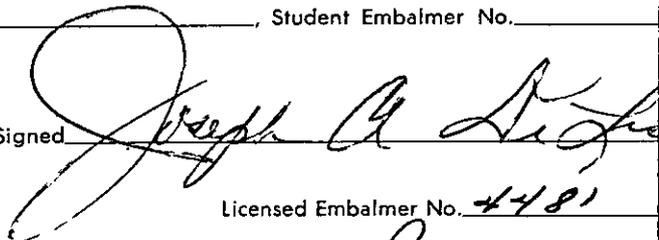
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 4481

P. O. Address PORTAGEVILLE,

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.