

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-037348

STATE FILE NUMBER

FILED VS NOV 10 1959

Registration District No. 316 Primary Registration District No. Registrar's No. 421

INDEXED

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. Farmington-rural		Length of stay in 1b 5 Days	c. CITY OR TOWN Flat River		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Oteco			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 801 Tyler	
3. NAME OF DECEASED (Type or print) First Middle Last BENJAMIN LEWIS LaPLANT			4. DATE OF DEATH Month Day Year Nov 3, 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-16-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 7 Days 13 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead	11. BIRTHPLACE (City and state or country) Mine La Motte, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Nicholas LaPlant		13b. MOTHER'S MAIDEN NAME Rose Duncan		14. NAME OF HUSBAND OR WIFE Lillie Mae LaPlant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-03-1498	17. INFORMANT Address Mrs. B. L. LaPlant Flat River, MO.		
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) Acute Myocardial Infarction					4 days
DUE TO (b) Acute Myocarditis					3 weeks
DUE TO (c) Coronary renal vascular disease					several years
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
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		COUNTY	STATE
21. I attended the deceased from Oct 30/59 to 11/3/59 and last saw him alive on 11/3/59 Death occurred at 6:27 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. A. Sparks M.D.			22b. ADDRESS Flat River, Missouri		22c. DATE SIGNED 11-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov-5-1959	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memo Pk.		23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.	
24. FUNERAL DIRECTOR Murphy L. Sparks Flat River, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 5, 1959	26. REGISTRAR'S SIGNATURE Ethel R. ...		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 10 1959

NOV 10 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 my assistant, Student Embalmer No. 589
working under my personal supervision.

Student Richard A. Reeves
Signature of Student Embalmer

Signed Murphy Sparks
Licensed Embalmer No. 4236

P. O. Address St. Louis, 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.