

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

=60-019884

FILED VS. MAY 20 1960 / 60

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 584N Registrar's No. 71

DED

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOACHIM TOWNSHIP</u>		Length of stay in 1b <u>51 DAYS</u>		c. CITY OR TOWN <u>FESTUS</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>JEFF. MEMORIAL HOSP.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.R. #1</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ESSIE</u> Middle <u>J.</u> Last <u>LA FLOURE</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>6</u> Year <u>1960</u>			
5. SEX <u>FEMALE</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>9-10-90</u>	9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME MAKER</u>		11. BIRTHPLACE (City and state or country) <u>STE GENEVIEVE CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>CHARLES LA ROSE</u>			13b. MOTHER'S MAIDEN NAME <u>CYNTHIA WILLIAMSON</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY J. LA FLOURE</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. <u>NONE</u>		17. INFORMANT <u>HENRY J. LA FLOURE, FESTUS, MO.</u> Address <u>R.R. #1</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>Carcinoma of Breast</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>Over 9 mo.</u>
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		
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 _____ a.m. _____ p.m. Month, Day, Year _____	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 <u>3-12-1952</u> to <u>5-6-60</u> and last saw her <u>alive</u> on <u>5-6-60</u> Death occurred at <u>5:55 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R.D. Donnell M.D.</u> (Degree or title)				22b. ADDRESS <u>112 Mississippi Ave. Crystal City, Mo.</u>		22c. DATE SIGNED <u>5-9-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-16-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROSELAWN</u>		23d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY, MO.</u>			
24. FUNERAL DIRECTOR <u>James R. Cady</u> ADDRESS <u>Crystal City, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-9-60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

James Richard Cady

Licensed Embalmer No. 4309

P. O. Address. CRYSTAL CITY

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.