

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 21 1960

78 = 60-027416

Registration District No. 162

Primary Registration District No. ~~162~~ 5594

Registrar's No. ~~162~~

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL</b>		Length of stay in 1b		c. CITY OR TOWN <b>CRYSTAL CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH HILLS INF.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>314 Jefferson</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRANCIS J. LALUMONDIER</b>				4. DATE OF DEATH Month Day Year <b>July 4 1960</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-8-73</b>	9. AGE (last birthday) <b>86</b>	IF UNDER YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>BRICK LAYER</b>	11. BIRTHPLACE (City and state or country) <b>BLOOMSDALE, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>DONA LALUMONDIER</b>			13b. MOTHER'S MAIDEN NAME <b>ANETE COLLIET</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unknown</i>			16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>SYL MARLER CRYSTAL CITY, MO.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident 5 days</b> DUE TO (b) <b>Generalized arterio-sclerosis want.</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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>3-59</u> to <u>July 4-1960</u> and last saw her/him alive on <u>July 1-1960</u> Death occurred at <u>9:55 P.M. 7-4-60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>[Signature]</i>				22b. ADDRESS <b>2623 Playgraph</b>		22c. DATE SIGNED <b>7-7-60</b>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>7-8-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CATHOLIC</b>		23d. LOCATION (City, town, or county) <b>CRYSTAL CITY, MO.</b>		(State)	
24. FUNERAL DIRECTOR <b>GENTRY R. POLITTE CRYSTAL CITY, MO.</b>			ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7-8-60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

BY AFFIDAVIT OF

SEP 2 1960

**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 Gentry R. Tolson

Licensed Embalmer No. 348

P. O. Address Crystal

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.