

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030003
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 101

AMENDED

FILED SEP 11 1961

1. PLACE OF DEATH a. COUNTY Lincoln			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp.		Length of stay in 1b 2 hr.	c. CITY OR TOWN TROY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cuivre River		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOEL Middle AUSTIN Last LARUE			4. DATE OF DEATH Month Sept. Day 5 Year 1961		
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 Feb. 8, 1870	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 6 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Ret)		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Troy MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Chas R. LaRue		13b. MOTHER'S MAIDEN NAME Nancy Segrass		14. NAME OF HUSBAND OR WIFE Carrie LaRue	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Chas LaRue Troy MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation By Drowning, Accidental					INTERVAL BETWEEN ONSET AND DEATH ???
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) River had been up. Subject was walking on			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	bank and slipped. Then slid about 15 ft down bank into about 7 ft of water. Could not swim. 91 yrs old.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cuivre River	20f. CITY, TOWN, OR LOCATION Bedford Twp. Lincoln Co. Mo.		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 5:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Joseph M. Marsh</i> CORONER			22b. ADDRESS Troy, Missouri.		22c. DATE SIGNED 9/6/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 7, 1961	23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		23d. LOCATION (City, town, or county) Troy MO.	
24. FUNERAL DIRECTOR ADDRESS <i>D. W. McLean Troy Mo</i>		25. DATE RECD. BY LOCAL REG. 9-6-1961	26. REGISTRAR'S SIGNATURE <i>Charlotte Leek</i>		

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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. 3586

P. O. Address Troy 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.