MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011741 STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 21

FILED MAR 21 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0540
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CONCORDIA — Length of stay in 1b: 16 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 309 GORDON ST — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 309 GORDON ST

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LAFAYETTE
c. CITY OR TOWN: CONCORDIA — Inside Limits: Yes ☒ No ☐
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GLENZER Middle: CHRISTIAN Last: LAABS
4. DATE OF DEATH: Month: MARCH Day: 12 Year: 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: DEC 19, 1905
9. AGE (last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANUFACTURE
10b. KIND OF BUSINESS OR INDUSTRY: DAIRY
11. BIRTHPLACE (City and state or country): SMITHVILLE UTAH
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: FREDRICK W. LAABS
13b. MOTHER'S MAIDEN NAME: HATTIE GLENZER
14. NAME OF HUSBAND OR WIFE: DEBORAH LAABS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS DEBORAH LAABS Address: CONCORDIA, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.) DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis — 3
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb 8, 1956 to Mar 12, 1962 and last saw him alive on Mar 12, 1962
Death occurred at 3:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. S. Brady (Degree or title) MD
22b. ADDRESS: Concordia Mo
22c. DATE SIGNED: 3/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 3/13/62
23c. NAME OF CEMETERY OR CREMATORY: CENTER RIDGE
23d. LOCATION (City, town, or county) (State): SULLIVAN, MO

24. FUNERAL DIRECTOR: E. S. Jamm ADDRESS: Concordia, Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 12-1962
26. REGISTRAR'S SIGNATURE: Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

MAR 23 1962

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 Me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. A. Johnson

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.