

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-015736

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 54

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 25 1962

VS 300
Rev. 4/59
1 0500
2 01282
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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY JEFFERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY POPLAR BLUFF

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-MERAMEC Length of stay in 1b 6 days

c. CITY OR TOWN POPLAR BLUFF Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 847 VINE Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Andrew Middle C. Last LaBonne

4. DATE OF DEATH Month April Day 13 Year 1962

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/23/1876 9. AGE (last birthday) 86 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HR Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SHEET METAL WORKER 10b. KIND OF BUSINESS OR INDUSTRY LICHWOODS 11. BIRTHPLACE (City and state or country) Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George LaBonne 13b. MOTHER'S MAIDEN NAME Ma Saucier 14. NAME OF HUSBAND OR WIFE Nora Murphy

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. NONE 17. INFORMANT Brother Rich Sr. St. Joseph's Hosp Infirmary Address 606

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac decompensation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic hypertension
DUE TO (c) cardiovascular disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) old cerebral vascular accident
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 6:45 a.m. Month, Day, Year 4/7/62

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 POPLAR BLUFF COUNTY POPLAR STATE MO

21. I attended the deceased from 4/7/62 to 4/12/62 and last saw him alive on 4/12/1962
Death occurred at 6:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick C. Hogan M.D. 22b. ADDRESS 3657 South Grand St. Louis 18 22c. DATE SIGNED 4/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/16/62 23c. NAME OF CEMETERY OR CREMATORY CALVARY 23d. LOCATION (City, town, or county) DE SOTO (State) MO

24. FUNERAL DIRECTOR MAHN FUNERAL Home ADDRESS De Soto, Mo 25. DATE RECD. BY LOCAL REG. APR. 14 1962 26. REGISTRAR'S SIGNATURE Robert E. Bauer

APR 26 1962

Rec'd 4-14-62 Dist 162

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

Herald J. Mahan

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.