DEPARTMENT OF [illegible] TH AND WELFARE — MISSOURI DIVISION OF HEALTH

FILED APR 27 1971

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

124 STATE FILE NUMBER 71 001640[illegible]

DO NOT WRITE ON THIS STUB

VS 300 Rev. 1/70

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 156

9. 0
10a. 49
10b.
11. 0
12. 1
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1—0

4. 0941
5. 92
6. 0941

DECEASED

1. DECEASED—NAME: Dennis T. LaBruyere
2. SEX: male
3. DATE OF DEATH (MONTH, DAY, YEAR): April 8, 1971
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.): white
5a. AGE—LAST BIRTHDAY (YEARS): 49
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): March 7, 1922
7a. COUNTY OF DEATH: St. Francois
7b. CITY, TOWN, OR LOCATION OF DEATH: Bonne Terre
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): DOA Bonne Terre Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Goldie (Massengale)
12. SOCIAL SECURITY NUMBER: 487-14-0263
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): operator
13b. KIND OF BUSINESS OR INDUSTRY: Alvie Conveyers

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Mo.
14b. COUNTY: St. Francois
14c. CITY, TOWN, OR LOCATION: Bonne Terre
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. STREET AND NUMBER: 116 Ash St.

PARENTS

15. FATHER—NAME (FIRST MIDDLE LAST): Fred LaBruyere
16. MOTHER—MAIDEN NAME (FIRST MIDDLE LAST): Pearl unknown

17a. INFORMANT—NAME: Mrs. Goldie LaBruyere
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 116 Ash St., Bonne Terre, Mo. 63628

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a)	Acute myocardial infarction	1 Hour.
DUE TO, OR AS A CONSEQUENCE OF: (b)		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
		M.	

20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS ☐ YES ☐ NO ☐ UNK

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): 4-6-71 TO (MONTH, DAY, YEAR): 4-8-71
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 4-8-71
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: did
21e. DEATH OCCURRED (HOUR): 8:30 A M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: M.
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): M.

23a. CERTIFIER—NAME (TYPE OR PRINT): R.A.Fraser, M.D.
23b. SIGNATURE: R A Fraser MD
DEGREE OR TITLE
23c. DATE SIGNED (MONTH, DAY, YEAR): apr. 29 1971
23d. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO. 43 St. Joe; CITY OR TOWN Rivermines; STATE Mo; ZIP 63601

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: St. Francois Mem Pk
24c. LOCATION: CITY OR TOWN Bonne Terre, STATE Missouri
24d. DATE (MONTH, DAY, YEAR): Apr 10, 1971
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): C.Z. Boyer & Son, 313 Benham St., Bonne Terre, Mo.
25b. FUNERAL DIRECTOR—SIGNATURE: B. Ted Boyer
26a. REGISTRAR—SIGNATURE: Estus Mathews
26b. DATE RECEIVED BY LOCAL REGISTRAR: Apr 30, 1971

Type or print in PERMANENT BLACK INK. See handbook for instructions.

APR 28 1971

Permit issued April 10-1971

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_____ Signed Burbin T. Boyett

Signature of Student Embalmer

Licensed Embalmer No. 5117

P. O. Address Bonne Terre Mo 63628

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.