OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 0 1959

'59 044744

STATE FILE NUMBER

AMENDED

Registration District No. 206 Primary Registration District No. 5748 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mine LaMotte
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mine LaMotte, Missouri
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Madison
c. CITY OR TOWN: Mine LaMotte, Mo.
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Mine LaMotte, Mo.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lavina Middle: ********* Last: DeGuire

4. DATE OF DEATH: Month: December Day: 18, Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7-19-1870

9. AGE (last birthday): 89

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Madison County, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Benjamin Umfleet

13b. MOTHER'S MAIDEN NAME: Lavina Counts

14. NAME OF HUSBAND OR WIFE: Louis Deguire (deceased)

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 Address: Hazel Combs - Fredericktown, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Gastro-intestional Hemorrhage,	Few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastatic Carcinoma	2 Years (about)
DUE TO (c)	Carcinoma of Uterus	10 yrs. (about)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive Heart Disease

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 Nov. 24, 1958 to Dec 14 '59 and last saw her/him alive on Dec 7, 1959

Death occurred at 7:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles E Mirbach MD

22b. ADDRESS: 135 S. Mine La Motte Fredericktown, Missouri

22c. DATE SIGNED: 12-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 20, 1959

23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

23d. LOCATION (City, town, or county) (State): Madison County, Missouri

24. FUNERAL DIRECTOR: W. Adamson ADDRESS: Fredericktown, Mo.

25. DATE RECD. BY LOCAL REG.: Dec. 21-1959

26. REGISTRAR'S SIGNATURE: Florence Hicks

BY AFFIDAVIT OF

DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

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. 4357

P. O. Address FREDERICKTOC

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.