

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22552

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 62

1082
2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>California Blk 1</u>	
c. LENGTH OF STAY (In this place) <u>37 1/2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital 3</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>T.</u>	c. (Last) <u>LAUE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>1874</u>	9. AGE (Years last birthday) (If under 1 year: Months) (If under 12 hrs: Days) (Hours) (Mins.) <u>76</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>f. carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Laue</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada</u>	ADDRESS <u>Nevada</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental Deficiency</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 1939, to June 15, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 5:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul L. Barone M.D.</u>	23b. ADDRESS <u>State Hospital 3 Nevada</u>	23c. DATE SIGNED <u>June 15/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Point Cem. California</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 16, 1950</u>	REGISTRAR'S SIGNATURE <u>Hal Hays</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Spencer</u>	ADDRESS <u>Beckinger Funeral Home, Nevada, Mo.</u>
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RECEIVED 6-24-58
District Health Officer No. 7,
District File Number 5-57705
Date Filed 6-28-58

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
Student Embalmer

Signed Mark E. Ehlinger

Licensed Embalmer No. 26506

P. O. Address Nevada, MD

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 this body is not embalmed, fact should be so stated above.