

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23453**

FILED JUL 20 1954

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **5590** Registrar's No. _____

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Jefferson			a. STATE Mo.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Big River			b. COUNTY Jefferson		
c. LENGTH OF STAY (in this place) 7 Yrs.			c. CITY OR TOWN Rural-Big River		
d. FULL NAME OF HOSPITAL OR INSTITUTION Star Rt., DeSoto, Mo.			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
e. STREET ADDRESS (If rural, give location) Star Rt., DeSoto, Mo.			e. STREET ADDRESS Star Rt., DeSoto, Mo.		
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Lawrence			b. (Middle) Sterling		
c. (Last) Valle			c. (Last) Valle		
(Type or Print)					
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
M		W		Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Farmer		Gen'l. Farming		Sept., 14, 1885	
11a. FATHER'S NAME		11b. MOTHER'S MAIDEN NAME		9. AGE (In years last birthday)	
Julius Valle		Betty Jones		68	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		11. BIRTHPLACE (City and State or Foreign Country)	
Julius Valle		Betty Jones		Jefferson County, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
No		None		U.S.A.	
17. INFORMANT'S SIGNATURE OR NAME		14. NAME OF HUSBAND OR WIFE			
Estella Valle		Estella Curtis Valle			
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?					
YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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) Struck by lightning				Instantaneous	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) _____					
Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____					
		E9351					
		46					

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
Accident		On his farm.		Big River Township Jefferson Mo.	
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?	

22. I hereby certify that I attended the deceased from July 3, 1954, to July 3, 1954, that I last saw the deceased alive on P.O.A., 19, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
Thomas A. Donnell M.D.		DeSoto, Mo.		7-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Burial		7/6/54		Woodlawn	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE			
De Soto Mo.		J. Lee Mothershead			
24f. DATE REC'D BY LOCAL REG.		24g. REGISTRAR'S SIGNATURE		24h. ADDRESS	
7-7-54		Kathleen Marsden		DeSoto, Mo.	

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

No. 300
10-48
500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 13 1954

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 *Andrew H. England*

Licensed Embalmer No. *47*

P. O. Address *De Soto*

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.