

FILED APR 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12468

BIRTH NO. 78969 54 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>4 mo.</u>	c. CITY OR TOWN <u>Lebanon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>323 Grant St.</u>		STREET ADDRESS (If rural, give location) <u>323 Grant St.</u> 05320	
3. NAME OF DECEASED a. (First) <u>Kenneth</u> b. (Middle) <u>Floyd</u> c. (Last) <u>Labor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Nov. 20, 1954</u>
9. AGE (in years last birthday) <u>4</u> <u>13</u> Months Days		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Ingestant</u>	
10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon Mo. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lloyd E. Labor</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotte Chalmers</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lloyd Labor</u> ADDRESS <u>Lebanon Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>malnutrition</u>		
	DUE TO (c) <u>Premature birth</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>491X</u>
19a. DATE OF OPERATION <u>3-24-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hemangioma removed from rt. side</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
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 <u>11-20-79 54</u> to <u>4-3-1955</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8: A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B. B. Hurst MD.</u> (Degree or title)		23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>4-7-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/5/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-9-1955</u>	REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Funeral Home</u> ADDRESS <u>Lebanon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received 4-16-55
Laclede County Health Unit
File No. 53
Date Filed 4-16-55

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 *Persey M. Howe*
Licensed Embalmer No. 422

P. O. Address *Lebanon*

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.