IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033482

STATE FILE NUMBER

FILED VS SEP 22 1959

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 360

NDED

1. PLACE OF DEATH
a. COUNTY Saint Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Lead Co.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Flat River
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 900 Monroe St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Waldo Middle Paul Last LaBruyere

4. DATE OF DEATH Month September Day 14 Year 1959

5. SEX male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/6/1918

9. AGE (last birthday) 41

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) railroader

10b. KIND OF BUSINESS OR INDUSTRY mining

11. BIRTHPLACE (City and state or country) Flat River, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Fred LaBruyere

13b. MOTHER'S MAIDEN NAME Pearl Maurice

14. NAME OF ~~HUSBAND OR~~ WIFE Glena (Merritt) LaBruyere

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. 487-14[illegible]-0262

17. INFORMANT wife Address 900 Monroe; Flat River, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) OVERWHELMING CRUSH INJURY
INTERVAL BETWEEN ONSET AND DEATH INSTANTANEOUS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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

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.) MINE CAVEIN.

20c. TIME OF INJURY Hour 9 (a.m. / p.m.) Month, Day, Year 9-14-59

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.) MINE

20f. CITY, TOWN, OR LOCATION ELVINS COUNTY ST. FRANCOIS STATE MO

21. I attended the deceased from NONE, to _____ and last saw her/him alive on _____
Death occurred at 9:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Paul Dennis M.D.

22b. ADDRESS Flat River, Mo.

22c. DATE SIGNED 9/17/59

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) BURIAL

23b. DATE September 17, 1959

23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery

23d. LOCATION (City, town, or county) (State) Flat River, Mo.

24. FUNERAL DIRECTOR ADDRESS Alvin W. Hood 303 Crane; Flat River, Mo.

25. DATE RECD. BY LOCAL REG. Sept. 17, 1959

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

SEP 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Alvin Hood

Licensed Embalmer No. 2780

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.