

FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44422

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. CITY OR TOWN <u>Arrow Rock</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbons Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>0910</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester Newton</u> b. (Middle) <u>Dickson</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec.</u> <u>19</u> <u>1956</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Aug. 24-1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	

13a. FATHER'S NAME <u>Tom Dickson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Leffler</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edgar Taylor, R.F.D. Slater, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia (myelogenous)</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) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>2041</u>	
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? <u>2041</u>	

22. I hereby certify that I attended the deceased from Dec 1, 1956, to Dec 19, 1956, that I last saw the deceased alive on Dec 19, 1956 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Lawrence</u>		(Degree or title) <u>D. S. Marshall, M.D.</u>		23b. ADDRESS <u>Slater, Mo.</u>		23c. DATE SIGNED <u>12-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/20/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-21-56</u>		REGISTRAR'S SIGNATURE <u>Leil G. Read</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u>		ADDRESS <u>Slater, Mo.</u>	

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

6 No.

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 *A. C. Hill*.....

Licensed Embalmer No. *300*.....

P. O. Address *State*.....

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.