

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 5 1945

Registration District No.

Primary Registration District No. 3016

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Cole County, Missouri

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Penitentiary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

In this community 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City Prison
(If outside city or town limits, write "RURAL")

(d) Street No. Jefferson State St. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Leo Lyles

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day May (51)
year 1945 hour 12 minute 57 A.M.

4. Sex Male

5. Color or race Caucasian

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: June (Month) 19 (Day) 1923 (Year)

21. I hereby certify that I attended the deceased from May 24, 1945 to May 25, 1945
that I last saw him alive on May 24, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years 21 Months 11 Days 6
If less than one day hr. min.

HYDROCYANIC ACID GAS
Due to LEGAL EXECUTION

9. Birthplace unknown (City, town, or county) Arkansas (State or foreign country)

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation unknown

Major findings:
Of operations.....

11. Industry or business unknown

Of autopsy.....

12. Name unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

13. Birthplace " (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant State Prison

(b) Address Jefferson City, Mo.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 5-25-45 (Month) (Day) (Year)

(c) Place of burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director TANNER FUNERAL HOME

(b) Address Jefferson City, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

19. (a) 5-25-45 (Date received local registrar)

(b) Orlando Richter (Registrar's signature)

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature Wm. V. McKnelly, MD. (M.D. XXX)

Address Prison Hospital Date 5-25-45

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

26
5
4

CH
300

MOTHER, FATHER

4887

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-4-45

JUN 16 1945

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 3641
P. O. Address [Signature]

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.