

STANDARD CERTIFICATE OF DEATH

State File No. **30242**

FILED OCT 1 1948

Registration District No. **172**

Primary Registration District No. **4270**

Registrar's No. **58**

1. PLACE OF DEATH

- (a) County **Lafayette**
(b) City or town **Lebanon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution **Lifetime** (Specify whether)
In this community **Lifetime**
years, months or days

3. (a) PRINT FULL NAME

Leslie Andrew

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex **Male** 5. Color **Bl**
6. (b) Name of husband or wife **Mrs. Walter Andrew** 6. (c) Age of husband or wife if
alive **65** years
7. Birth date of deceased **Feb. 15 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 16 hr. min.

9. Birthplace **Jones Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farm Hand**

11. Industry or business

12. Name **Charles Andrew**
13. Birthplace **Lebanon Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Hayden**
15. Birthplace **Lebanon Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Andrew**
(b) Address **Lebanon Mo**
17. (a) **None** (b) Date thereof **9-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lebanon Mo**

18. (a) Signature of funeral director **Walter Andrew**
(b) Address **Lebanon Mo**
19. (a) **Sept 7-1948** (b) **Clayton H. Landrum**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo.** (b) County **Lafayette**
(c) City or town **Lebanon**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? **None** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **1**
year **1948** hour **5** minute **30** A.M.
21. I hereby certify that I attended the deceased **from**
Sept 1 - 18 19 **48**
that I last saw him alive on **19**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to.

Due to.

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

Major findings:

Of operations **94W**
Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

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

23. Signature **Walter Andrew** (M. D. or other)
Address **Higginsville Mo** Date signed

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-30-48

APR 24 1949

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 4220

P. O. Address

None of 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.