

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37806

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.W. Blvd</u>		d. STREET ADDRESS (If rural, give location) <u>S.W. Blvd</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) _____ c. (Last) <u>LEGATE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 8 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 9, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>LAFAYETTE Co. MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		9. AGE (In years last birthday) <u>39</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u> IF UNDER 24 HRS. Hours _____ Min. _____	
13a. FATHER'S NAME <u>THOMAS LEGATE</u>		13b. MOTHER'S MAIDEN NAME <u>ROSIE SNOOD GRASS</u>	
14. NAME OF HUSBAND OR WIFE <u>SARAH JENNINGS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>SARAH LEGATE</u> ADDRESS <u>LEX, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4701</u>	
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>19 April, 1949</u> , to <u>8 Nov, 1949</u> that I last saw the deceased alive on <u>8 Nov, 1949</u> , and that death occurred at <u>8 Nov 49, 11:30 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Benward</u> (Degree or title) _____		23b. ADDRESS <u>Lexington, MO</u>	
23c. DATE SIGNED <u>11/9/49</u>		24a. BURIAL, CREMATION, REMOVAL <u>BURIAL</u>	
24b. DATE <u>11/11/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASH DELAH</u>	
24d. LOCATION (City, town, or county) (State) <u>LEXINGTON, MO</u>		DATE REC'D BY LOCAL REG. <u>11/29/49</u>	
REGISTRAR'S SIGNATURE <u>Wm. S. East</u>		56 25. FUNERAL DIRECTOR'S SIGNATURE <u>FORREST F. JEMPEL</u> ADDRESS <u>LEX, MO</u>	

VVA

RECEIVED DEC 1 REC'D  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 12-7-49

**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.

Signed \_\_\_\_\_

*John M. Keane*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Leamington, N.J.

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.