

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3573

JAN 17 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6146 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Leonard, Rural) c. LENGTH OF STAY (In this place) 9 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leonard Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 4 miles S. W. of Leonard	

3. NAME OF DECEASED (Type or Print) Vargel S. Legan			4. DATE OF DEATH (Month) (Day) (Year) 1-4-1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8-7-1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 27	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Springfield, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME John Legan		13b. MOTHER'S MAIDEN NAME Elizabeth Ball		14. NAME OF HUSBAND OR WIFE Oma L. Legan	
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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. 352-09-6638		17. INFORMANT'S SIGNATURE OR NAME Owen Surman, Eterville, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 10 months	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion					
		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.				7201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from Nov, 1949, to Jan 4, 1950, that I last saw the deceased alive on Jan 3, 1950, and that death occurred at 5:12 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. D. Wright, D.O.		23b. ADDRESS Leonard, Mo, Box 1-10-1950		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cmty.		24d. LOCATION (City, town, or county) (State) Russellville, Mo.	
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DATE REC'D BY LOCAL REG. Jan 5-1950		REGISTRAR'S SIGNATURE Ada Garrison		5. FUNERAL DIRECTOR'S SIGNATURE G.N. Steffens, Russellville, Mo.		ADDRESS	
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RECEIVED JAN 16 1950  
District Health Officer No.  
District File Number 1-50  
Date Filed JAN 16 1950

**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.....

*C. W. Hawkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address.....

*Bellevue Md*

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.