

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5453

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 4326 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OLEAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OLEAN</u>	
c. LENGTH OF STAY (in this place) <u>HOURS</u>		d. STREET ADDRESS (If rural, give location) <u>OLEAN -</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>OLEAN</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HERMAN</u>	b. (Middle) <u>Rudolph</u>	c. (Last) <u>LESSEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 1950</u>
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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>2 Oct 1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - RR Station Agent - RR</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>HERMAN Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>EARNEST - A - LESSEL</u>	13b. MOTHER'S MAIDEN NAME <u>Emelie - Leimer</u>	14. NAME OF HUSBAND OR WIFE <u>LORENA - LESSEL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LORENA - LESSEL</u>	ADDRESS <u>OLEAN</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30</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 <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from 1947, to Feb 15, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. O. Shelton</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>ELDON Mo.</u>	23c. DATE SIGNED <u>16 Feb 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>18 Feb 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cem - HERMAN Mo</u>	24d. LOCATION (City, town, or county) (State) <u>HERMAN Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 17, 1950</u>	REGISTRAR'S SIGNATURE <u>Oliveretta Walters</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kaye</u>	ADDRESS <u>ELDON Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 7 1950

RECEIVED FEB 20 1950
District Health Officer No. 9
District File Number

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
Student Embalmer

Signed *Keith McKays*

Licensed Embalmer No. *3998*

P. O. Address *Elton mo*

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.