

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17827

BIRTH NO.		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4442		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MO</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Higbee</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higbee</u>		<u>0880</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>—</u>		c. (Last) <u>LESSLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 50</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>1869 March 9th</u>	
9. AGE (In years last birthday) <u>81</u>		IF OWNER 1 YEAR Months <u>3</u> Days <u>0</u>		IF OWNER 4 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm work</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Lessley</u>			13b. MOTHER'S MAIDEN NAME <u>Mescaline Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>Leona Lessley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>Mrs T-D-Coates Higbee 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial degeneration</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>6 months</u> <u>42220</u>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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>May 7, 1950</u> , to <u>May 9, 1950</u> , that I last saw the deceased alive on <u>May 9, 1950</u> , and that death occurred at <u>2 1/2 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Robinson 2 DO</u>				23b. ADDRESS <u>Higbee MO</u>		23c. DATE SIGNED <u>5-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 14 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Higbee MO</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>J. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robersons</u>		ADDRESS <u>Armstrong MO</u>	

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

2880

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 _____

Marion E. Millien

Signed _____
Student Embalmer

Licensed Embalmer No. *3957*

P. O. Address _____

Moberly 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.