

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

226680

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4207 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>		
b. CITY OR TOWN <u>Blythdale, Mo.</u>		c. LENGTH OF STAY (in this place) <u>38 yrs</u>	c. CITY OR TOWN <u>Blythdale, Mo 1410</u>		d. STREET ADDRESS <u>None</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Blythdale</u>			d. STREET ADDRESS (If rural, give location) <u>None</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u> b. (Middle) <u>Lesley</u> c. (Last) <u>Halstead</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 11, 1966</u>		9. AGE (In years last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri (near Akron)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Henry C. Lesley</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Hastings</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Halstead</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 Martha Kailsbach, Blythdale</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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Failure</u> DUE TO (c) <u>" "</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Admission Age</u>			493X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) <u>7-11</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>		
22. I hereby certify that I attended the deceased from <u>7-11</u> , 19 <u>50</u> , to <u>7-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-11</u> , 19 <u>50</u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>G. W. Reel</u> (Degree or title) <u>Dr. J.</u>			23b. ADDRESS <u>St. Louis City, Mo</u>		23c. DATE SIGNED <u>7-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Akron, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 11-1950</u>	REGISTRAR'S SIGNATURE <u>J. R. Shaw 117</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gerald W. Boyges</u>		

(Licensed Embalmer's Statement on Reverse Side)

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



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

Gerald W. Buggen

Licensed Embalmer No. *4762*

P. O. Address *Eagleville, 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.