

STANDARD CERTIFICATE OF DEATH

State File No. 41352

FILED JAN 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5639 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twns.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 8 Mi. East of Odessa	

3. NAME OF DECEASED (Type or Print) a. (First) Leslie b. (Middle) A. c. (Last) Himes			4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1886	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 64	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Himes		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Bessie Himes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI 1918		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie Himes Buffalo, N.Y.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Previous attacks</i>		
	DUE TO (c) <i>Arterio Sclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Emphysema</i>			4 2 21
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)	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 12/29, 1950, to 12/28, 1950, that I last saw the deceased alive on 12/29, 1950, and that death occurred at 7 p. m., from the causes and on the date stated above.

23a. SIGNATURE R. C. Schaefer, M.D. (Degree or title) 23b. ADDRESS Odessa, Mo. 23c. DATE SIGNED 12/30/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec. 31, 1950 24c. NAME OF CEMETERY OR CREMATORY Mt. Tabor Cemetery 24d. LOCATION (City, town, or county) (State) Odessa, Lafayette Co., Mo.

DATE REC'D BY LOCAL REG. 12/30/50 REGISTRAR'S SIGNATURE Emma Davidson deputy 25. FUNERAL DIRECTOR'S SIGNATURE Husman-Sparks ADDRESS Odessa, Mo.

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

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RECEIVED 1-3-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-3-51

1961 61 NVP

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed George H. Heisman

Signed .....  
Student Embalmer

Licensed Embalmer No. 7541

P. O. Address Olson Tr

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.