

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41502

State File No. _____

FILED JAN 8 1951

0640

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5763</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>RURAL UNION TOWNSHIP</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Rural Union Township</u>		d. STREET ADDRESS (If rural, give location) <u>MONROE CITY RD 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE CITY RED 4</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>December 20 1950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>Panell</u>		c. (Last) <u>LEFOE</u>		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>NOVEMBER 25 1867</u>		9. AGE (In years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Farm.</u>		11. BIRTHPLACE (State or foreign country) <u>Marion County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN LEFOE Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca GUPTON</u>		14. NAME OF HUSBAND OR WIFE <u>Clara BOWER LEFOE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russ LeFoe</u> ADDRESS <u>Marion City Mo 644</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>Senility</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)				491X	
		II. OTHER SIGNIFICANT CONDITIONS					
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 <u>Nov 18 1950</u> , to <u>Dec 25 1950</u> , that I last saw the deceased alive on <u>Dec 8 1950</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Hill M.D.</u> (Degree or title)				23b. ADDRESS <u>Palmyra Mo</u>		23c. DATE SIGNED <u>12/29/50</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/22-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANDREW CHAPEL</u>		24d. LOCATION (City, town, or county) (State) <u>Marion County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1/2/51</u>		REGISTRAR'S SIGNATURE <u>By Viola Lee</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON</u> ADDRESS <u>MONROE CITY MO.</u>			

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

RECEIVED JAN 4 1951

ARIZONA CO. HEALTH DEPT.

DATE FILED JAN 5 1951

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

Leslie L. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. *3014*

P. O. Address *Monroe City, 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.