S. No. 300
v. 10.48

0681
1

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

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20799

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California 0681
d. STREET ADDRESS (If rural, give location): California Mo 0

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): WILLIAM
c. (Last): LESS

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1951

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov. 28, 1903
9. AGE (In years last birthday): 47 — If under 1 year: Months 6, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser in jacket factory
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moniteau Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Less
13b. MOTHER'S MAIDEN NAME: Mary Seitz
14. NAME OF HUSBAND OR WIFE: Velma Burkhalter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-07-2626
17. INFORMANT'S SIGNATURE OR NAME: Velma S. Less — ADDRESS: California Mo

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): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 5 days

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:
19b. MAJOR FINDINGS OF OPERATION: 334 X
20. AUTOPSY? YES ☐ NO ☐

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): California Moniteau Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 10, 1951, *to* June 11, 1951, *that I last saw the deceased alive on* June 11, 1951, *and that death occurred at* 12:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. J. Barrion D.O.
23b. ADDRESS: California
23c. DATE SIGNED: 6/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 00
24b. DATE: June 14, 1951
24c. NAME OF CEMETERY OR CREMATORY: Salem Evangelical
24d. LOCATION (City, town, or county): 5 mi. S. E. of California (State) Mo.

DATE REC'D BY LOCAL REG.: 6-16-51
REGISTRAR'S SIGNATURE: H. R. Popejoy LR 202 0
25. FUNERAL DIRECTOR'S SIGNATURE: A. E. Wilson — ADDRESS: California Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-19-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 6-19-51

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 A. E. Wilson

Signed
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, 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.