S. No. 300
v. 10.48

0640

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

FILED FEB 27 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 6879

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5764 Registrar's No. 7

**1. PLACE OF DEATH**
a. COUNTY: Marion
b. CITY OR TOWN: Rural
c. LENGTH OF STAY (in this place): 1½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hy-24-36-Near Monroe City

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0640
d. STREET ADDRESS (If rural, give location): Hy. 24-36-1-Mile East MC

**3. NAME OF DECEASED** (Type or Print): a. (First) Leslie b. (Middle) Charles A. c. (Last) Huston

**4. DATE OF DEATH**: (Month) 2 (Day) 2 (Year) 1953

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: 1/23/1905

**9. AGE** (In years last birthday): 48 — IF UNDER 1 YEAR: Months 0, Days 9 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Station ATTENDANT

**10b. KIND OF BUSINESS OR INDUSTRY**: Oil Co.

**11. BIRTHPLACE** (State or foreign country): Iowa

**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Charles Appleby

**13b. MOTHER'S MAIDEN NAME**: Mary Ann Appleby

**14. NAME OF HUSBAND OR WIFE**: Evelyn Huston

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): 12/3/1920 12/2/1929

**16. SOCIAL SECURITY NO.**: 479-09-0992

**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Leslie Huston — ADDRESS: Monroe City 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): Crushed beneath overturned tractor — INTERVAL BETWEEN ONSET AND DEATH:

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.*
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**19a. DATE OF OPERATION**: _____

**19b. MAJOR FINDINGS OF OPERATION**: _____

**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**: Marion 064 Mo.

**21d. TIME OF INJURY** (Month) 2 (Day) 2 (Year) 53 (Hour) 10 A m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒

**21f. HOW DID INJURY OCCUR?**: Tractor turned over

**22.** *I hereby certify that I attended the deceased from* 2-2, 1953, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: J. N. Lemmon, D.C. (Degree or title)

**23b. ADDRESS**: Monroe City, Mo

**23c. DATE SIGNED**: 2-4-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 2/4/1953

**24c. NAME OF CEMETERY OR CREMATORY**: St. Judes Cemetery

**24d. LOCATION** (City, town, or county) (State): Monroe City Mo.

**DATE REC'D BY LOCAL REG.**: 2/7/53

**REGISTRAR'S SIGNATURE**: Ola Bell Dep. Mr. E. M. Luecke

**25. FUNERAL DIRECTOR'S SIGNATURE**: Harold Green — ADDRESS: Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 26 1953
MARION CO. HEALTH DEPT.
DATE FILED FEB 26 1953

MAR 17 1953

FEB 27 1953

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 Harvey Garrard

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

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.