

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22411

FILED JUN 30 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1919 West 3rd 080 1/2</u>	
3. NAME OF DECEASED a. (First) <u>LELAND</u> b. (Middle) <u>MILTON</u> c. (Last) <u>LA VELLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1953</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>June 13 1908</u>		9. AGE (In years last birthday) <u>45</u> if UNDER 1 YEAR Months <u>0</u> Days <u>6</u> if UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mgr - REA central Mo che-coop</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cola Camp Mo</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo SA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Nelson Oliver La Velle</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Nave</u>	
14. NAME OF HUSBAND OR WIFE <u>Catherine La Velle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>440-12-3828</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Catherine La Velle</u>		ADDRESS <u>Sedalia</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Hemorrhage. Partial Paralysis of 5th and 10th Cranial Nerves.</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardio-Vascular Disease.</u> DUE TO (c) <u>Hypertension.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>6-13-53.</u> <u>18 mos.</u> <u>18 mos.</u> <u>2 yrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>	
20. AUTOPSY? YES <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		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>None.</u>		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>over 2yrs, 19</u> to <u>June 19th, 1953</u> , that I last saw the deceased alive on <u>June 18th, 1953</u> , and that death occurred at <u>2.40 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>		23b. ADDRESS <u>Sedalia, Missouri.</u>	
23c. DATE SIGNED <u>6-19-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-20-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-20-53</u>		REGISTRAR'S SIGNATURE <u>R. G. Campbell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 9 1958

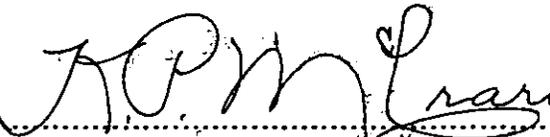
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 31.....

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.