

XC 1114558
 Reg.# 110990

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23487**

BIRTH ~~FILED~~ **JUN 26 1953** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1638**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE ILLINOIS		b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO		c. LENGTH OF STAY (in this place) 16 DAYS		c. CITY OR TOWN EAST ST. LOUIS	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 5705 PORTLAND PL.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) HARDY			b. (Middle) (NMI)			c. (Last) LESSENBERY			4. DATE OF DEATH (Month) (Day) (Year) JUNE 12 1953			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11-10-94		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PACKER				10b. KIND OF BUSINESS OR INDUSTRY Unknown				11. BIRTHPLACE (City and State or Foreign Country) GIBSON COUNTY, TENNESSEE		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME JOE LESSENBERY		13b. MOTHER'S MAIDEN NAME BEULAH FRY		14. NAME OF HUSBAND OR WIFE HAZEL LESSENBERY			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 108 20 5615		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., MO.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GANGRENE OF SMALL INTESTINE						INTERVAL BETWEEN ONSET AND DEATH 72 hr	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) THROMBUS OF SUPERIOR MESENTERIC ARTERY						72 hr	
		DUE TO (c) EMBOLUS FROM MURAL THROMBUS IN LEFT VENTRICLE OF HEART						UNK	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> VENTRICLE OF HEART							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/201						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **5-27**, 1953, to **6-12**, 1953, and that death occurred at **11:55 Am.**, from the causes and on the date stated above.

23a. SIGNATURE N.H. Zeller M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BRKS., MO		23c. DATE SIGNED 6-12-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-12-53		24c. NAME OF CEMETERY OR CREMATORY Camden Tenn.		24d. LOCATION (City, town, or county) (State) Camden TENN	
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DATE REC'D BY LOCAL REG. 6/13/53		REGISTRAR'S SIGNATURE Heckler R. Danks M.D.		25. FUNERAL DIRECTOR'S SIGNATURE East St. Louis		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
[Handwritten Signature]

Licensed Embalmer No. *3162*

P. O. Address *East St Louis*

Not Embalmed

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.