

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30818

FILED AUG 25 1953
BIRTH NO. _____ REG. DIST. NO. 357 PRIMARY REG. DIST. NO. 6211 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If in institution, residence before admission). a. STATE MO b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN - RURAL, BOUBIDOUX TWP	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN - Rural - Spring Creek 1810	d. STREET ADDRESS (If rural, give location) 3 Mi. S. of Edgar Springs Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION - 3 miles West of Roby			

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Leslie B ESMOND	4. DATE OF DEATH (Month) (Day) (Year) 8-11-53
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5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-18-1919	9. AGE (In years) (Month) (Day) (Year) 34	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of the life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Beulah Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Esmond	13b. MOTHER'S MAIDEN NAME Blanch Waters	14. NAME OF HUSBAND OR WIFE Eleanor Esmond
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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 WW-2	16. SOCIAL SECURITY NO. 500-108738	17. INFORMANT'S SIGNATURE OR NAME Cradford Lee, Co. 1st Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Crushed chest, skull fracture broken neck, internal injuries		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) truck overturning		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy. 32	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boubidoux Twp., Texas, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-11-53 12p	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? truck overturned 3 miles West Roby
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12: p m., from the causes and on the date stated above.

23a. SIGNATURE James L. Neuter (Coroner)	23b. ADDRESS Cabool, Mo.	23c. DATE SIGNED 8/15/53
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Buried	24b. DATE 8-15-53	24c. NAME OF CEMETERY OR CREMATORY Beulah Am. Phelps. Beulah	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. Aug 20, 1953	REGISTRAR'S SIGNATURE Ewan Pickett	25. FUNERAL DIRECTOR'S SIGNATURE Smith Ferguson	ADDRESS Leeting Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

100 CT 13961

AUG 22 1961

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
Student Embalmer

Signed

Robert E. Ferguson

Licensed Embalmer No.

3945

P. O. Address

Livingston

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.