

No. 300
10.48

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

FILED MAY 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14699**

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CDAR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON-TOWNSHIP</u>		c. CITY OR TOWN <u>EL DORADO SPRINGS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>STATE HOSPITAL No 3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINA</u> b. (Middle) _____ c. (Last) <u>LEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 24 1954</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED, RE-MARRIED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>SEPT. 17, 1859</u>	9. AGE (In years last birthday) <u>95</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NURSE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>CHRISTIAN WOLF</u>	13b. MOTHER'S MAIDEN NAME <u>CHRISTINA WEBER</u>	14. NAME OF HUSBAND OR WIFE <u>NICHOLAS LEY.</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louis Walter Encino, CALIF</u>	ADDRESS _____
--	-------------------------------------	--	---------------

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		19. INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>7 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA - Fractured ribs (4)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>JENILE PSYCHOSIS - E9037 44</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT (Suicide, Homicide) <u>fall</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Non-hospital Ward.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WASHINGTON</u> <u>VERNON</u> <u>MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>APRIL 10 1954</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>SLIPPED AND FELL</u>

22. I hereby certify that I attended the deceased from APR. 10, 1954, to APRIL 24, 1954, that I last saw the deceased alive on APRIL 24, 1954, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Barone MD</u>	(Degree or title)	23b. ADDRESS <u>State Hosp 3 Nevada</u>	23c. DATE SIGNED <u>April 24/54</u>
---	-------------------	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) _____
---	---------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-30-54</u>	REGISTRAR'S SIGNATURE <u>Arma & Jerry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walt New-comers Sons</u>	ADDRESS <u>1331 Bush Creek Blvd</u>
---	---	--	-------------------------------------

H.C., 716

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..... Basil W. Honey

Licensed Embalmer No. 472

P. O. Address..... Auckland

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.