

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5244

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Prairie</u>		c. LENGTH OF STAY (in this place) <u>31 yrs.</u>		c. CITY OR TOWN <u>Lee's Summit</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hi-Way 150</u>				STREET ADDRESS (If rural, give location) <u>RR 2 150 Hi-Way 3 Mi E. 71.0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u>		b. (Middle) <u>Ellis</u>		c. (Last) <u>Egelston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1955</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>Aug. 10, 1900</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Enid, Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Robert C. Egelston</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Olga M. Egelston</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>496-32-6321</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Olga M. Egelston, RR 2 Lee's</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot Wound Chest</u> 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. <u>E9191</u> <u>19</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-14-55</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gun Fallout of Creek</u>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold A. Owens</u>				23b. ADDRESS <u>1034 Rialto Bldg</u>		23c. DATE SIGNED <u>2-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 16, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-15-55</u>		REGISTRAR'S SIGNATURE <u>N.B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Langsford Funeral Home Lee's Summit</u>			

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

FEB 28 1958

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 *W B Langford*

Licensed Embalmer No. *380*

P. O. Address *Spokane*

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.