

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11060**

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 450			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette					
b. CITY (If outside corporate limits, write RURAL and give township) St Joseph		c. LENGTH OF STAY (in this place) 22 day		c. CITY OR TOWN Livington		d. Is residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2				f. STREET ADDRESS (If rural, give location) 2022 Franklin Ave					
3. NAME OF DECEASED (Type or Print) a. (First) Peter			b. (Middle)		c. (Last) LeJeune		4. DATE OF DEATH (Month) (Day) (Year) April 27, 1955		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 30 1884		9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months 11 Days 27 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic retired			10b. KIND OF BUSINESS OR INDUSTRY Auto		11. BIRTHPLACE (City and State or Foreign Country) France			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nicholas LaJeune			13b. MOTHER'S MAIDEN NAME Marie Peron			14. NAME OF HUSBAND OR WIFE Melina Maynard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. LeJeune Livington, Mo				
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) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. with Chronic brain disease possibly						INTERVAL BETWEEN ONSET AND DEATH 2 day 9	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 April 6, 1955 , to April 27, 1955 , that I last saw the deceased alive on April 27, 1955 , and that death occurred at 8:45 P m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Forrest Thomas MD				23b. ADDRESS St Joseph Mo 12 State Hosp No 2		23c. DATE SIGNED 4/27-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4/28/1955		24c. NAME OF CEMETERY OR CREMATORY Livington Mo		24d. LOCATION (City, town, or county) (State) Livington Mo			
DATE REC'D BY LOCAL REG. May 3, 1955		REGISTRAR'S SIGNATURE Eather M. Allison		48570 Hester - Buchanan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St Joseph, Mo			

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

OCT 14 1966

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 *James B. Hawkins*.....

Licensed Embalmer No. *453*.....

P. O. Address *319 So 10th*.....

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.