

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17979

State File No.

FILED JUL 5 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>61</u>			
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u>				b. COUNTY <u>Carroll</u>	
b. CITY (if outside corporate limits, enter RURAL and give township) <u>Carrollton</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Carrollton</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 Kunchloe</u>				e. STREET ADDRESS (If rural, give location) <u>310 Kunchloe</u>				01710	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>C.</u>		c. (Last) <u>LISBY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1955</u>			
5. SEX <u>Fe</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Oct. 22 1874</u>			
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Thomas Kingle</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Gunkel</u>		13c. NAME OF HUSBAND OR WIFE <u>Bert Lesby</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Shatto</u> , ADDRESS <u>Carrollton Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Semility. Repeated</u>							
		DUE TO (c) <u>Coronary atrophy of cardiac decomensation</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>decompensation</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) _____		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) _____		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 _____, 19 <u>55</u> , to <u>June 28, 1955</u> , that I last saw the deceased alive on <u>June 19, 1955</u> and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. Wm. Herbert W. Lesby</u> (Degree or title)				23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>June 28 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>6-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-30-55</u>		REGISTRAR'S SIGNATURE <u>Mr. Verbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		ADDRESS <u>Carrollton Mo.</u>			

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 *Ben W Gibson*.....

Licensed Embalmer No. *296*.....

P. O. Address *Carrollton*.....

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.