

FILED AUG 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21580

State File No. 225

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Calloway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	c. LENGTH OF STAY (In this place) 4 days	c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp.		e. STREET ADDRESS (If rural, give location) 10 mi S.W. New Bloomfield	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) SAMUEL	b. (Middle) HARVEY	c. (Last) LeFever	(Month) July	(Day) 29	(Year) 53

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 13 1864	9. AGE (In years last birthday) 91	1 YEAR 1	DAYS 1	IF UNDER 1 YEAR Hours 16 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Morgan Co. Ohio	12. CITIZENRY OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Samuel C. LeFever	13b. MOTHER'S MAIDEN NAME Mary Faircs	14. NAME OF MARRIAGE OR WIFE Carrie LeFever
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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) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME T.H. LeFever	ADDRESS New Bloomfield, 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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emboli in right femoral artery	DUE TO (b) Arteriosclerotic Plaque	DUE TO (c) Atherosclerosis of abdominal aorta	5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	454X	5 days
			indefinite

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 **7-26**, 19**53**, to **7-29**, 19**53**, that I last saw the deceased alive on **7-29**, 19**53**, and that death occurred at **10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE John J. Matthews MD	(Degree or title)	23b. ADDRESS 302 Bellway	23c. DATE SIGNED 7-30-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 31-53	24c. NAME OF CEMETERY OR CREMATORY New Bloomfield	24d. LOCATION (City, town, or county) (State) New Bloomfield MO.
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DATE REC'D BY LOCAL REG. July 30-1955	REGISTRAR'S SIGNATURE R.P. Davis MD-MR 68	25. FUNERAL DIRECTOR'S SIGNATURE Hoet-Claypool	ADDRESS New Bloomfield
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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 *LeRoy Claypool*

Licensed Embalmer No. *441*

P. O. Address *New Blaine*

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.