

FILED DEC 6 1955

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **37934**
 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Francois Twp.		c. CITY OR TOWN Lesterville,	
c. LENGTH OF STAY (in this place) 14Y; 9M; 6das.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION State Hospital #4		f. STREET ADDRESS (If rural, give location) Unknown	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ARNOLD c. (Last) LESTER			4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1955		
5. SEX Male		16. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor-farming		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 54	
11. BIRTHPLACE (City and State or Foreign Country) Lesterville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		8. DATE OF BIRTH May 12, 1901	
13a. FATHER'S NAME Geo. W. Leater		13b. MOTHER'S MAIDEN NAME Emily Lewis		14. NAME OF HUSBAND OR WIFE Goldie Collyatt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) U.S. Army 1923-26.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hospt. #4, Farmington, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Hypertensive cardiovascular renal disease		Unknown.	
		DUE TO (c) 4201			
II. OTHER SIGNIFICANT CONDITIONS Post encephalitic Parkinson syndrome. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
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 **Nov. 12, 1951** to **Nov. 11, 1955**, that I last saw the deceased alive on **Nov. 11, 1955** and that death occurred at **1:35a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Brennan M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 11-11-55	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 11-13-55		24c. NAME OF CEMETERY OR CREMATORY Hayfield, Cemetery	
DATE REC'D BY LOCAL REG. Nov. 11, 1955		REGISTRAR'S SIGNATURE Eithen Reddick		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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 *Lyle H. White*.....

Licensed Embalmer No. *429*
P. O. Address *Proctor*

- 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.