

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4518

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5583</u>		Registrar's No. <u>121</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Rural-Bethlehem</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY OR TOWN <u>Brownington</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 HOSPITAL OR INSTITUTION <u>Brownington Rt.#2</u>				e. STREET ADDRESS (If rural, give location) <u>Rt.#2 Bethlehem Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Francis</u> c. (Last) <u>Lessig</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>29</u> <u>1956</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>August 16, 1878</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>6</u> DAYS <u>13</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ellsworth, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			
13a. FATHER'S NAME <u>Enos Lessig</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lorraine Lessig</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> <u>No</u>				16. SOCIAL SECURITY NO. <u>492-14-3485</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lorraine Lessig Brownington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION  <u>331x</u>			
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) 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 _____, 19____, to <u>2/29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>209</u> , 19____, and that death occurred at <u>1:55 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. J. Powell (Coroner)</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>3/1/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 2, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fulton Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-1-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Causler</u>		ADDRESS <u>Clinton, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No.....46

P. O. Address.....Clinton

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.