

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5493**

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Lafayette		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 OR TOWN Lexington Mo. Hospital)		c. CITY OR TOWN Lexington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hosp.		STREET ADDRESS (If rural, give location) 2022 Franklin	

3. NAME OF DECEASED (Type or Print) YVESS	a. (First)	b. (Middle) MARIE	c. (Last) LE JEUNE	4. DATE OF DEATH (Month) March (Day) 2 (Year) 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 23 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 1 Days 21	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Repair	10b. KIND OF BUSINESS OR INDUSTRY Garageman	11. BIRTHPLACE (City and State or Foreign Country) Morlaix, France	12. CITIZEN OF WHAT COUNTRY? U.S.-A
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13a. FATHER'S NAME Nicolas LeJeune	13b. MOTHER'S MAIDEN NAME Mary Perron	14. NAME OF HUSBAND OR WIFE Mary Ann Robic
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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. 488-38-5264	17. INFORMANT'S SIGNATURE OR NAME Ephie LeJeune ADDRESS Lexington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis, acute		INTERVAL BETWEEN ONSET AND DEATH 4 days
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **Feb. 28, 1956**, to **March 2, 1956**, that I last saw the deceased alive on **March 2, 1956**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ben H. Brasler MD (Degree or title)	23b. ADDRESS Lexington, Missouri	23c. DATE SIGNED 3/3/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 4 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Lexington, Mo.
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DATE REC'D BY LOCAL REG. 3-3-56	REGISTRAR'S SIGNATURE Wm. E. Estabrook	25. FUNERAL DIRECTOR'S SIGNATURE Harold L. Walker ADDRESS Rt. No.
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(Licensed Embalmer's Statement on Reverse Side)

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

VS MAR 3 1934

STATE OF MISSOURI

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 *Harold P. Walker*

Licensed Embalmer No. *458*
P. O. Address *Lexington*

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.