

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1956

State File No. 22512

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>(Don't know)</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Kelso Twp.</u> c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u> <u>15th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Roy Tucker Home / M. Eastwood Occurrence</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>REUBEN</u>	b. (Middle) <u>FRANKLIN</u>	c. (Last) <u>LENON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 3, 1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist helper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ship yard</u>	11. BIRTHPLACE (State or foreign country) <u>Warrenburg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jim Lenon</u>	13b. MOTHER'S MAIDEN NAME <u>Allie Warrenburg</u>	14. NAME OF HUSBAND OR WIFE <u>Sally Elizabeth Lenon</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>Don't know</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Roy Tucker RFD Chaffee, Mo</u>	ADDRESS <u></u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden death from apparently unknown natural causes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 mins</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>was said to have heart disease</u> DUE TO (c) _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
18. CAUSE OF DEATH (continued) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emergency call - Dead on Arrival</u>			

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 June 13, 1956, to June 13, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. O. Finney, M.D.</u>	23b. ADDRESS <u>Bd L Bldg. Chaffee, Mo</u>	23c. DATE SIGNED <u>6-13-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>June 16, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEODESHA CEM</u>	24d. LOCATION (City, town, or county) (State) <u>NEODESHA KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>6-15-56</u>	REGISTRAR'S SIGNATURE <u>Mrs Fred Beegly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beegly's Mortuary Home Chaffee, Mo</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

JUN 18 1956
DATE RECEIVED _____
SCOTT CO. HEALTH DEPT.
CO. FILE No. 658-135

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
Student Embalmer

Signed Jack I. Burnett
Licensed Embalmer No. 4473
P. O. Address Chaffee Mo

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 this body is not embalmed, fact should be so stated above.