THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37296
STATE FILE NUMBER

FILED NOV 21 1956

Registration District No. 58 Primary Registration District No. 3011 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Carroll	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Dover 0540 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wetzel Hospital — Length of stay in 1b 5 days	d. STREET ADDRESS (If outside, give location) 2 miles north of Dover — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: William	Middle: Montie	Last: Lessley	4. DATE OF DEATH	Month: Nov. Day: 10 Year: 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Sept. 21 1883	9. AGE (In years last birthday): 73	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam boat piolot	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (City and state or country): Glasgow, Missouri	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: William T. Lessley		14. MOTHER'S MAIDEN NAME: Laura Stanley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Mary Willie Lessley	Address: Dover, Missouri		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Bronchial Pneumonia (Hypostatic) — 4 hrs

DUE TO (c) Carcinoma of Gall Bladder Stomach — Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 1998

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 15, to Nov 10-56 and last saw ~~her~~ him alive on Nov 10

Death occurred at 10:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]	22b. ADDRESS: Waverly	22c. DATE SIGNED: 11-13-56
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/14/56	23c. NAME OF CEMETERY OR CREMATORY: Richland Cemetery
23d. LOCATION (City, town, or county): Richland	(State): Missouri	
24. FUNERAL DIRECTOR: Bailey Funeral Home	ADDRESS: Waverly Mo	25. DATE RECD. BY LOCAL REG.: 11-13-56
26. REGISTRAR'S SIGNATURE: Mc Herbert Calvert		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Maurice D. Bailey.....

Licensed Embalmer No..48

P. O. Address.Wamego,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.