

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 01 7782
STATE FILE NUMBER 60

Registration District No. ¹⁵² 3036 Primary Registration District No. ¹⁷⁵ Registrar's No. ⁵⁹

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Aurora</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>			Length of stay in 1b <u>6 days</u>	d. STREET ADDRESS (If outside, give location) <u>132 W. Delia</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>THOMAS</u> Last <u>LESSLY</u>				4. DATE OF DEATH Month <u>June</u> Day <u>4</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 27, 1885m</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Ranch Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Pottsburg, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>Charles A. Lessly</u>				14. MOTHER'S MAIDEN NAME <u>Rhoda Symcox</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>		16. SOCIAL SECURITY NO. <u>448-20-5408</u>		17. INFORMANT <u>Mrs. Helen Lessly</u>		Address <u>Aurora, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						?	
DUE TO (c) <u>Hypertension</u>						?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>332x</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>5-30-57</u> to <u>6-4-57</u> and last saw him alive on <u>6-4-57</u> Death occurred at <u>704 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. A. Luman</u>				22b. ADDRESS <u>Aurora - Mo -</u>		22c. DATE SIGNED <u>6/5/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/7/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Norman, Oklahoma</u>		
24. FUNERAL DIRECTOR <u>Arnold's Funeral Home</u>				ADDRESS <u>Aurora, Mo,</u>		25. DATE RECD. BY LOCAL REG. <u>6/6/57</u>	26. REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>

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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.....
Irwin P. Arnold

Licensed Embalmer No. *492*

P. O. Address *AURORA*

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.