FILED SEP 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34653
STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Breton — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi E. Potosi — Length of stay in Ib 4 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Washington
c. CITY OR TOWN Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5 Mi E. Potosi — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Wallace Middle Leo Last O'Heleau
4. DATE OF DEATH Month Sept Day 12 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 7 1904
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR Months 2 Days 5 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Washington Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas O'Heleau
14. MOTHER'S MAIDEN NAME Mary E. O'Heleau
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dorothy O'Heleau Address Cadet Rt 1 Mo.

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) CARCINOMA OF THE LUNGS — INTERVAL BETWEEN ONSET AND DEATH 10 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 163X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 March 4, 1957 to Sept. 12, 1957 and last saw him alive on Sept. 12, 1957
Death occurred at 11:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward Lake (Degree or title) DO.
22b. ADDRESS Potosi, Missouri
22c. DATE SIGNED Sept. 14, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-16-57
23c. NAME OF CEMETERY OR CREMATORY St. Joachims Cemetery
23d. LOCATION (City, town, or county) (State) Washington Co. Mo.
24. FUNERAL DIRECTOR Mrs. Lutha Spahn ADDRESS Potosi Mo.
25. DATE RECD. BY LOCAL REG. 9/14/57
26. REGISTRAR'S SIGNATURE Albert Rudall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murphy L. Spar

Licensed Embalmer No. 42

P. O. Address Flat Ru

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.