

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021429  
STATE FILE NUMBER

FILED JUN 25 1958

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MALDEN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MALDEN</u> <u>03510</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>609 E. LACLEDE</u>		Length of stay in lb <u>70 Yrs.</u>	d. STREET ADDRESS <u>609 E. LACLEDE</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WESLEY</u> Middle <u>EDWARD</u> Last <u>LEGAN</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>5</u> Year <u>1958</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>5-10-1881</u>		9. AGE (In years) <u>77</u> (Birth day)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>merchant</u>	11. BIRTHPLACE (City and state or country) <u>MARION, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN M. LEGAN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>SARAH ANN LEGAN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-10-3500</u>		17. INFORMANT Address <u>SARAH A. LEGAN, MALDEN, 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>Myocardial Coronary</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>High Blood Pressure arterial</u> DUE TO (c) <u>Sclerosis -</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u> <u>4201 10 yrs</u>
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 WORK <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>June 1 1954</u> to <u>June 5 58</u> and last saw her alive on <u>June 5 58</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>D. S. Carlstrom, D.O.</u> (Degree or title)			22b. ADDRESS <u>MALDEN, MO.</u>		22c. DATE SIGNED <u>July 9 58</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6-8-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PARK</u>		23d. LOCATION (City, town, or county) <u>MALDEN, Mo.</u> (State)
24. FUNERAL DIRECTOR <u>DAY FUNERAL HOME, MALDEN, MO.</u>		ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>6-16-58</u>		26. REGISTRAR'S SIGNATURE <u>J. R. Scherman</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED DUNKLIN COUNTY HEADQUARTERS

DEPARTMENT 6-28-

COUNTY FILE NUMBER 658-

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

*J. J. Schuman*

Licensed Embalmer No. 4086  
P. O. Address Malden

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.