

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 23 1959

59-039335

STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. _____ Registrar's No. 58

EMENDED

1. PLACE OF DEATH a. COUNTY <u>Clark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>			
b. CITY (If Clark corporate limits, give TOWNSHIP only) <u>Wyaconda, Mo.</u>			Length of stay in 1b	c. CITY OR TOWN <u>Wyaconda, Mo.</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			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES ELMER LESH</u>				4. DATE OF DEATH Month Day Year <u>November 1 1959</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>March 27 1881</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. Section Hand</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Scotland County</u>		12. CITIZEN OF WHAT COUNTRY <u>UNITED STATES</u>		
13a. FATHER'S NAME <u>Allen Lesh</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Lesh</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs Effie Thomas Orbelay</u> Address		
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>Senile Infirmitie</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. _____ p.m. _____		Month, Day, Year					
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.) <u>40</u>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Jan 10, 59</u> to <u>Nov 1, 59</u> and last saw ^{her} him alive on <u>11 P.M.</u> Death occurred at <u>Wyaconda, Mo</u> on the <u>1st</u> day <u>of</u> <u>Nov</u> stated above, and to the best of my knowledge, from the causes stated. <u>1959</u>							
22a. SIGNATURE (Degree or title) <u>B. F. Hutchinson D.O.</u>				22b. ADDRESS <u>Wyaconda Mo.</u>		22c. DATE SIGNED <u>11/14/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Nov. 4, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Etna Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Scotland County Mo.</u>			
24. FUNERAL DIRECTOR'S ADDRESS <u>Gerth & Brakett</u>			25. DATE RECD. BY LOCAL REG. OFF. <u>11-16-59</u>		26. REGISTAR'S SIGNATURE <u>J. P. ...</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 7 1959

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 George V. Baskin

Licensed Embalmer No. 1817

P. O. Address Wyaco

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.