

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040890

FILED VS DEC 14 1959

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 83

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LINN						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		Length of stay in 1b		c. CITY OR TOWN MARCELINE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) SANTE FE ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First LE ROY Middle LABAR Last LABAR				4. DATE OF DEATH Month NOV. Day 25 Year 1959						
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-5-1916	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months 11 Days 20	IF UNDER 24 HR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARTS MANAGER			10b. KIND OF BUSINESS OR INDUSTRY FORD MOTOR CO		11. BIRTHPLACE (City and state or country) LINN Co. MO.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME WM. JOSEPH LEBAR			13b. MOTHER'S MAIDEN NAME NANCY FOSTER			14. NAME OF HUSBAND OR WIFE FRANCES LEBAR				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II			16. SOCIAL SECURITY NO. 487-01-5904		17. INFORMANT Address MRS. FRANCIS LEBAR MARCELINE					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest DUE TO (b) Coronary Thrombosis & Infarction DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH			
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				
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 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 July 1959 to 11-24-59 and last saw her alive on 11-24-59 Death occurred at 5:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Robert L. Miller				22b. ADDRESS Marceline, Mo 11-25-59				22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-27-59	23c. NAME OF CEMETERY OR CREMATORY Mt. OLIVE CEM		23d. LOCATION (City, town, or county) MARCELINE		(State) Mo.			
24. FUNERAL DIRECTOR Miller-Tillotson			ADDRESS MARCELINE		25. DATE RECD. BY LOCAL REG. 11-26-59		26. REGISTRAR'S SIGNATURE Brookie Owen			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 15 1959

JUN 1 1967

DEC 29 1967

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 Wilbur K Tidwell

Licensed Embalmer No. 4508

P. O. Address Marceline,

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.