

# VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959

59044570

STATE FILE NUMBER

Registration District No. 176/160 Primary Registration District No. 559V Registrar's No. 171

RECEIVED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jefferson</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joachim</b>		Length of stay in 1b <b>Lifetime</b>		c. CITY OR TOWN <b>Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>near Pevely, Mo.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>near Pevely, Mo.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Lester Eugene</b> Middle <b>Lexa</b> Last				<b>4. DATE OF DEATH</b> Month <b>Dec</b> Day <b>14</b> Year <b>1959</b>					
<b>5. SEX</b> <b>M.</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input checked="" type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>Aug. 30, 1933</b>		<b>9. AGE (last birthday)</b> <b>26</b>		IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>General Work</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Pevely, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A.</b>		
<b>13a. FATHER'S NAME</b> <b>Michael Lexa</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Violet Brooks</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Divorced</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean</b>			<b>16. SOCIAL SECURITY NO.</b> <b>unavailable</b>			<b>17. INFORMANT</b> Address <b>M. Lexa Pevely, Mo.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Fractures</b>								INTERVAL BETWEEN ONSET AND DEATH <hr/>	
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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <b>Two car Auto Accident.</b>					
<b>20c. TIME OF INJURY</b> Hour <b>4:15</b> p.m. Month, Day, Year <b>12-14-59</b>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway.</b>		<b>20f. CITY, TOWN, OR LOCATION</b> <b>Joachim - Jeff. Mo.</b>		COUNTY STATE	
<b>21. I attended the deceased from</b> <b>Corner 14 View</b> <b>to</b> _____ <b>and last saw</b> <b>her</b> <b>him</b> <b>alive on</b> _____ Death occurred at <b>4:15 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
<b>22a. SIGNATURE</b> <i>James E. Robert A.C. Corwin</i>				<b>22b. ADDRESS</b> <b>Festus, Mo.</b>				<b>22c. DATE SIGNED</b> <b>12/15/59</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>Dec 17, 59</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Sandy Baptist Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Sandy, Mo.</b>			
<b>24. FUNERAL DIRECTOR</b> <b>Heiligtag--Imperial, Mo.</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>Dec. 15, 1959</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>John N. Hall, Deputy</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 30 1960

STATEMENT BY LICENSED EMBALMER

MAY 4 1960

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 Arthur W. Healy

Licensed Embalmer No. 3892

P. O. Address Imperial

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.