

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007349

FILED VS MAR 14 1960 227

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 10

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE						
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON		Length of stay in 1b 4 1/2 YRS		c. CITY OR TOWN R.F.D #2 PARIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 MI. N.E. OF PARIS, MO.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1 MI. N.E. OF PARIS, MO.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM HAROLD LECHLITER				4. DATE OF DEATH Month Day Year MARCH 11, 1960						
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/16/1917	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months 6 Dgys 25 Hours - Min. -	IF UNDER 24 HR Hours - Min. -			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STREET COMMISSIONER			10b. KIND OF BUSINESS OR INDUSTRY CITY OF PARIS		11. BIRTHPLACE (City and state or country) MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME JAS. A. LECHLITER			13b. MOTHER'S MAIDEN NAME BEULAH MAHONEY			14. NAME OF HUSBAND OR WIFE SYLVIA B. LECHLITER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.			16. SOCIAL SECURITY NO. 497-07-2465		17. INFORMANT SYLVIA LECHLITER PARIS, MO			Address RFD #2		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tractor Accident injuries - fractured skull & fractured rt. leg. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) leg. DUE TO (c) leg.							INTERVAL BETWEEN ONSET AND DEATH Instant			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none					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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Tractor Turned over on him						
20c. TIME OF INJURY Hour 2:00 p.m. Month, Day, Year 3-11-60		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Walnut Grove Cemetery		20f. CITY, TOWN, OR LOCATION Paris		COUNTY Monroe	STATE MO.
21. I attended the deceased from 3-11-60 to 3-11-60 and last saw him alive on 3-11-60				Death occurred at 2:00 P on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) J.A. Barnett, M.D.				22b. ADDRESS Paris, Mo.			22c. DATE SIGNED 3-12-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3/13/1960	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		23d. LOCATION (City, town, or county) (State) PARIS MO					
24. FUNERAL DIRECTOR E. HAGNEW			ADDRESS PARIS, MO.		25. DATE RECD. BY LOCAL REG. 3-12-60		26. REGISTRAR'S SIGNATURE J.A. Barnett, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 21 1962

SEP 5 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed E. P. Wignew

Licensed Embalmer No. 4000

P. O. Address Paris, ?

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.