

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015466

FILED VS APR 26 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2041 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson Madaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 day		c. CITY OR TOWN Kansas City		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. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Conception, Missouri			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARCEL R. LE BEAU				4. DATE OF DEATH Month Day Year April 8 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov 3 1917	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Semenarian		10b. KIND OF BUSINESS OR INDUSTRY Semenarian		11. BIRTHPLACE (City and state or country) Montreal, Canada		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Leonce Le Beau			13b. MOTHER'S MAIDEN NAME Dora Wissel			14. NAME OF HUSBAND OR WIFE None	
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. - -		17. INFORMANT Address Father Meyers, Conception, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 48 hrs
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from April 7, 1960 to April 8, 1960 and last saw him alive on April 8-60 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) William D. Mc D.				22b. ADDRESS 701 E. 63rd St. Kansas City, Mo.		22c. DATE SIGNED 4-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. DATE 4-11-1960	23c. NAME OF CEMETERY OR CREMATORY St Columbia Cemetery		23d. LOCATION (City, town, or county) Conception, Missouri		(State)
24. FUNERAL DIRECTOR ADDRESS Melody McGilley-Eylar Funeral Home Woodland-Lincoln				25. DATE RECD. BY LOCAL REG. 4-11-60		26. REGISTRAR'S SIGNATURE Robert Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF WITNESS

Dr. Miller

701 E 6

Jan 3-

4:30 P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by Lloyd E. Dieckman, Student Embalmer No. 60 working under my personal supervision.

Student Lloyd E. Dieckman
Signature of Student Embalmer

Signed James E. Hackler

Licensed Embalmer No. 4573

P. O. Address K.C. Mo

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.

Blow 2 for 1 04