

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026988

FILED VS AUG 8 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No.

3801

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Sullivan					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 5 days		c. CITY OR TOWN MIAN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) MILAN			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CLAYTON Middle RAY Last LESLIE				4. DATE OF DEATH Month July Day 22 , Year 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 8-13-34		9. AGE (last birthday) 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Avon employee		10b. KIND OF BUSINESS OR INDUSTRY Cosmetic		11. BIRTHPLACE (City and state or country) Milan, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Amos Leslie			13b. MOTHER'S MAIDEN NAME Marjorie McAlister			14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes			16. SOCIAL SECURITY NO. 6-11-57 to 5-25-59 490 34 8498		17. INFORMANT VA Hospital Official Address Rcds, K.C. Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Severe cerebral lacerations contusions and infarction.									
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) Skull fracture						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.) Struck by a truck					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 7-17-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Corner Clinton		20f. CITY, TOWN, OR LOCATION Clinton Mo		COUNTY _____ STATE _____	
21. I attended the deceased from July 17, 1960 to July 22, 1960 Death occurred at: 7:45 Am on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Keith H. Owens				22b. ADDRESS 152 Union Station				22c. DATE SIGNED 7-22-60	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23b. DATE 7-23-60		23c. NAME OF CEMETERY OR CREMATORY Milan		23d. LOCATION (City, town, or county) (State) Milan, Mo			
24. FUNERAL DIRECTOR Schoene Mortuary, Milan, Mo				25. DATE RECD. BY LOCAL REG. 7-23-60		26. REGISTRAR'S SIGNATURE Irene Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 8 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed John R. Bider

Licensed Embalmer No. 45

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.