URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039357

STATE FILE NUMBER

FILED VS OCT 27 1960

Registration District No. 294 Primary Registration District No. 3066 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly — Length of stay in Ib: 16 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Community Hosp — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Chariton
c. CITY OR TOWN: Salisbury township — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1 Mi. So. Of Salisbury — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Victor Middle: Henry Last: Legendre
4. DATE OF DEATH: Month: October Day: 23, Year: 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/21/1888
9. AGE (last birthday): 71 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: general farm
11. BIRTHPLACE (City and state or country): Salisbury, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Legendre
13b. MOTHER'S MAIDEN NAME: Katie Schuenemann
14. NAME OF HUSBAND OR WIFE: Fleurie Blanchet
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - - - - -
16. SOCIAL SECURITY NO.: 490-10-4504
17. INFORMANT: Mrs. Victor Legendre, Salisbury, MO — Address: Legendre

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medulary failure — INTERVAL BETWEEN ONSET AND DEATH: days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 16 days
DUE TO (c): Arterio Schlerosis — 2 yrs.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct. 6, 1960, to Oct 23, 1960 and last saw ~~her~~ him alive on Oct 22, 1960
Death occurred at 12:03 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. L. Eichhorn (Degree or title) D.O.
22b. ADDRESS: 119 W 2nd Salisbury Mo.
22c. DATE SIGNED: 10-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10/25/60
23c. NAME OF CEMETERY OR CREMATORY: Salisbury City Cemetery
23d. LOCATION (City, town, or county) (State): Salisbury, Mo.

24. FUNERAL DIRECTOR: Chas. B. Winkelmeyer — ADDRESS: Salisbury, Mo.
25. DATE RECD. BY LOCAL REG.: 10-25-60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 9 1960

NOV 10 1960

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 Chas B Winkelmey

Licensed Embalmer No. 3842

P. O. Address Salisbury,

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