

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015904

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1078

AMENDED

1. PLACE OF DEATH
 a. COUNTY St. Louis.
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn, Mo. Length of stay in 1b 7 yr.-5 mo.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shamrock Nursing Home. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis. admission)
 c. CITY OR TOWN Pine Lawn, Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3709 Manola Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lenna Middle Haley Last Haley
 4. DATE OF DEATH Month April Day 18, Year 1961
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 1/21/1891 9. AGE (last birthday) 69 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Beulah, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME T. L. Johnson 13b. MOTHER'S MAIDEN NAME Flora Wheeler 14. NAME OF HUSBAND OR WIFE Richard J.
 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. Nil. 17. INFORMANT Address Richard Haley, 9218 Ranch Meadows.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Aortic Stenosis INTERVAL BETWEEN ONSET AND DEATH unknown
 DUE TO (b) Arteriosclerotic Heart Disease unknown
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Involuntional Psychosis
 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 Nov 27, 1953 to April 18, 1961 and last saw her alive on April 17, 1961
 Death occurred at 10:02 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lewis Littenmann MD 22b. ADDRESS 8231 Clayton Rd (17) 22c. DATE SIGNED 4/19/61
 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-21-61 23c. NAME OF CEMETERY OR CREMATORY Local 23d. LOCATION (City, town, or county) Licking, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe Inc., 4700 Washington, Blvd. 25. DATE RECD. BY LOCAL REG. 4/19/61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

APR 26 1961

SEP 14 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Harry E. Monroe*

Licensed Embalmer No. 4495

P. O. Address St. Louis, 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.