

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040208

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1165

STATE FILE NUMBER

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

**FILED NOV 24 1961**

1. PLACE OF DEATH  
 a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in lb Lifetime

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hillside Rest Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Buchanan

c. CITY OR TOWN St. Joseph Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 1007 North 13th St., Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Leo I. Lysaght November 15, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Feb. 4, 1880 9. AGE (last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed 10b. KIND OF BUSINESS OR INDUSTRY Plumber 11. BIRTHPLACE (City and state or country) St. Joseph, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Daniel Lysaght 13b. MOTHER'S MAIDEN NAME Theresa 14. NAME OF HUSBAND OR WIFE Helen M. Lysaght

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Mrs. Oliver Forbes, St. Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cormary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 15 min  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized?  
 DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture 1<sup>st</sup> Lumbar Vertebrae.  
 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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

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 1959 to Nov 13 1961 and last saw <sup>her</sup>him alive on Nov 13 1961  
 Death occurred at 5:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.L. Mothershead, Jr. 22b. ADDRESS 2603 Fredrich 22c. DATE SIGNED 11-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 17, 1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman Inc., St. Joseph, Nov. 21, 1961 25. DATE RECD. BY LOCAL REG. \_\_\_\_\_ 26. REGISTRAR'S SIGNATURE Mrs. Clark Hardall

**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 *Eric J. Chancy*

Licensed Embalmer No. 4679

P. O. Address St. Joseph

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.