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1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011160
STATE FILE NUMBER

Registration District No. 300 Primary Registration District No. 4449 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ellington — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri, b. COUNTY: Reynolds
c. CITY OR TOWN: Ellington 0900 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): Gen Delivery — Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First: Adelbert — Middle: J. — Last: Lesh

4. DATE OF DEATH: Month: March — Day: 22 — Year: 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ 2 **DIVORCED** ☐

8. DATE OF BIRTH: April 8, 1873

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months: 11, Days: 18 — IF UNDER 24 HRS.: 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: Farming

11. BIRTHPLACE (City and state or country): Warren, Pa. 1

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James Lesh

14. MOTHER'S MAIDEN NAME: Nell Sumner

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.: None

17. INFORMANT Address: Mrs. Lucille Sloan, Ellington, Mo

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): Cerebral Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): 334X

INTERVAL BETWEEN ONSET AND DEATH: 6 days / Hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? 0 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 1956, to March 22 and last saw her/him alive on March 22
Death occurred at 7:23 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth T Carter MD

22b. ADDRESS: Ellington Mo

22c. DATE SIGNED: March 25

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-24-58

23c. NAME OF CEMETERY OR CREMATORY: Ellington Cemetery

23d. LOCATION (City, town, or county) (State): Ellington Mo.

24. FUNERAL DIRECTOR ADDRESS: McSpadden Funeral Home Ellington

25. DATE RECD. BY LOCAL REG.: Mar. 24 1958

26. REGISTRAR'S SIGNATURE: Essie Evans

(Licensed Embalmer's Statement on Reverse Side)

Received 3-28-58
Reynolds County Health
File No. 358 - 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Allen C. McJunkin

Licensed Embalmer No. 45

P. O. Address Van Buren

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