

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5680

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 55

0804

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>20 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>215 E. Hogan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> <u>0804</u>	
		d. STREET ADDRESS (If rural, give location) <u>215 E. Hogan</u> <u>D</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lexis</u> b. (Middle) <u>C</u> c. (Last) <u>President</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 4, 1885</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 48 HRS.: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Lincoln, Mo. D</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John Thomas President</u>		13b. MOTHER'S MAIDEN NAME <u>Sylvia Marshall</u>		14. NAME OF HUSBAND OR WIFE <u>Lucinda President</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-18-7546</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roscoe President-215 E. Hogan-Sedalia, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases to liver and lungs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS! Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>Unknown</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>157A</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 15 Jan 1950 to 8 Feb 1950, that I last saw the deceased alive on 7 Feb 1950, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>Carl W. Neje D.M.D.</u>		23b. ADDRESS <u>912 1/2 Ohio Ave Sedalia, Mo.</u>		23c. DATE SIGNED <u>8 Feb 50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	
				24d. LOCATION (City, town, or county) (State) <u>Windsor Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2-10-50</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>251 Grace Stephens Sedalia, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 13

District Health Officer No. 3,

District File Number _____

Date Filed 2-28-50

APR 29 1950

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 _____
Student Embalmer

Signed J. Eric Anderson

Licensed Embalmer No. 4745

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.