

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4020

BIRTH NO. _____		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>5174</u>		Registrar's No. <u>5</u>		
1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CAMDEN</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Climax Springs</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY OR TOWN <u>Climax Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO</u>				e. STREET ADDRESS (If rural, give location) <u>0150</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LISANDER</u> b. (Middle) <u>MATTHEW</u> c. (Last) <u>MCLEAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26 1956</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 31, 1870</u>		
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman - Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Oscar McLeay</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Craig</u>			14. NAME OF HUSBAND OR WIFE <u>Rosa Ellen McLeay</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosa Ellen McLeay Climax Springs</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Jan 30, 1956</u> to <u>Feb 26, 1956</u> that I last saw the deceased alive on <u>Feb 24, 1956</u> , and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. Working Beremar, M.D.</u> (Degree or title)				23b. ADDRESS <u>Climax Springs, Camden Co., Mo.</u>		23c. DATE SIGNED <u>Feb 29, 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 29, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Climax Springs</u>		24d. LOCATION (City, town or township) (State) <u>Climax Springs, Camden Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-3-56</u>		REGISTRAR'S SIGNATURE <u>Alda R. Eldred</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Kiser</u>		ADDRESS <u>Warsaw</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *John F. Reser*

Licensed Embalmer No..... *409*

P. O. Address..... *Warsaw*

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.