

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029398

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 272 Primary Registration District No. 4403 Registrar's No. 24

FILED JUL 25 1963

VS 300
Rev. 4/59

1 0780

2 0780

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4 0

5 1

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7 0

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9 420.1

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11

12 86.0

13 4-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boonville</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Boonville</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hallond</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Hallond</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Boonville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Boonville</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <u>Olin Earl Letley</u>			4. DATE OF DEATH <u>6-24-63</u>		
SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-30-02</u>	9. AGE (last birthday) <u>60</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Boonville Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>O.S. Letley</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Ann Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>Virginia Letley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Everett Letley</u>		Address <u>Boonville Mo</u>			

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>[redacted]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>1 yr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Boonville Mo</u>	COUNTY <u>Boonville</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>6-1-62</u> to <u>6-24-63</u> and last saw him alive on <u>6-20-63</u> Death occurred at <u>12:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Harmon</u>	(Degree or title) <u>MD</u>	22b. ADDRESS <u>Boonville Mo</u>	22c. DATE SIGNED <u>6-29-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-26-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>1st Zion</u>	23d. LOCATION (City, town, or county) (State) <u>Boonville Mo</u>

24. FUNERAL DIRECTOR <u>Harmon Funeral Home</u>	ADDRESS <u>Boonville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-30-63</u>	26. REGISTRAR'S SIGNATURE <u>Ethel Collins</u>
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(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1963

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 Jim F. McAllene

Licensed Embalmer No. 5104

P. O. Address Steel, Missouri

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.