

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19588
 Do not use this space.

RECORDED JUN 20 1939

1. PLACE OF DEATH *Ray Paoli*

(a) County *Ray* Registration District No. *742*
 (b) Township *Paoli* Primary Registration District No. *5977a* Registered No. _____
 (c) City *Lawson Mo.* (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred *45* yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Freemont S Lebold*

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Nettie Ann Lebold*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 4-1858*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>80</i>	<i>5</i>	<i>14</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as saw mill, bank, etc. *Farmer*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

FATHER 13. NAME *Chris, Lebold* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

MOTHER 15. MAIDEN NAME *Unknown* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Roy Lebold* (ADDRESS) *Lawson Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Lawson Cemetery* DATE *5/19 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *James A. Molas Lawson Mo.*

20. FILED *May 18 1939* *Edwin Shouse* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 18 1939*

22. I HEREBY CERTIFY That I attended deceased from *April 24 1939* to *May 18 1939*
 I last saw him alive on *May 17 1939*. Death is said to have occurred on the date stated above at *4:15 A.M.*
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
 Chronic Interstitial Nephritis
 Arteriosclerosis

Other contributory causes of importance: _____

Name of operation *none* Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No.*
 If so, specify _____ (Signed) *Edwin Shouse*, M. D.
 (Address) *Lawson Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Date Filed 6/7/39
District File Number
District Health Officer No. 8
RECEIVED

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

Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Moles
Licensed Embalmer No. 3296

P. O. Address Lawsom 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, above space should be left blank.