

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 53

FILED MAY 12 1948
Registration District No. 192

Primary Registration District No. 5477

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

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1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Madison

(c) Name of hospital or institution: R.F.D. # 7 Trenton, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 7 Trenton, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ronald Dale LEEPER

3. (b) If veteran, name war _____

3. (c) Social Security No. NOFC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1948 hour 1:45 minute PM

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 16, 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10th 4:00 PM to April 10th 1948 that I last saw him alive on April 10th 1948 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 4 Days 22 If less than one day _____ hr. _____ min.

Immediate cause of death Severe Acute Gastro Enteritis of Shewan

Due to Streptococcus?

9. Birthplace Grundy Co, Missouri
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation BABY

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

12. Name DALE LEEPER

Of autopsy _____

13. Birthplace Grundy Co, Missouri
(City, town, or county) (State or foreign country)

1190

14. Maiden name OPAL Ferguson

PHYSICIAN _____

15. Birthplace Grundy Co, Mo.
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant Dale Leeper

22. If death was due to external causes, fill in the following:

(b) Address Trenton Missouri

(a) Accident, suicide, or homicide (specify) _____

17. (a) (Burial, cremation, or removal) burial (b) Date thereof 4-12-43
(Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation R.F.D. # 7 Trenton, Mo.

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director David D. Derrin

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address Trenton Mo.

23. Signature David D. Derrin (M. D. or other) _____
Address Trenton, Mo. Date signed April 12th 1948

19. (a) 4-13-43 (b) D. D. Roberts
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (b) Means of injury _____

1350

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 Myself.....
working under my personal supervision. Registered Apprentice No.

Signed

Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Quenton, 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.