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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1948
Registration District No. 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 29253
Registrar's No. 216

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hours. (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DEATH:
(a) State Mo (b) County Maries
(c) City or town Vienna Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gerald Richard Leuthen
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
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 May (Month) 5 (Day) 1929 (Year)

8. AGE: Years	Months	Days	If less than one day
19	4	19	hr. min.

9. Birthplace Vienna (City, town, or county) Mo (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business
MOTHER FATHER
12. Name M. J. Leuthen
13. Birthplace Osage Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Zella Copeland
15. Birthplace Maries Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant M. J. Leuthen
(b) Address Vienna Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Vienna Mo
18. (a) Signature of funeral director M C Burmingham
(b) Address Vienna Mo
19. (a) 9-25-48 (Date received local registrar) (b) R. C. Dennis, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1948 hour 2 minute 40 P.M.
21. I hereby certify that I attended the deceased from Sept 23, 1948, to Sept 23, 1948 that I last saw him alive on Sept 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Skull Fracture with Extensive Brain Damage	10 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide or homicide~~ (specify) Truck accident
(b) Date of occurrence Sept 23, 1948
(c) Where did injury occur? Vienna, Mo. (Maries) (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work? yes (e) Means of injury accident
23. Signature Marshall W O'Kelly (M. D. or other)
Address Jefferson City Date signed 9/23/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 30 1948

OCT 4 1948

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 M C Birmingham

Licensed Embalmer No. 3664

P. O. Address Vienna, 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.