

FILED JAN 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1028

State File No. ....

BIRTH NO. .... REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5467 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Murray Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>unknown</u>		d. STREET ADDRESS (If rural, give location) <u>913 West Central</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Willard, Mo. Route 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leon</u>	b. (Middle) <u>C.</u>	c. (Last) <u>McCutcheon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 13 1949</u>
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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>August 29, 1883</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Enslay, Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
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13a. FATHER'S NAME <u>A O McCutcheon</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Cook</u>	14. NAME OF HUSBAND OR WIFE <u>Velma Smith McCutcheon</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Velma McCutcheon, 913 W Central</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Diabetes mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>1-20-49</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Murray Township Greene Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 9 served as coroner, 1949, to 19, that I last saw the deceased alive on 19 and that death occurred at Springfield, Mo from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clyde B. Wilson</u>	23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>1/15/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood, Springfield, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/21/49</u>	REGISTRAR'S SIGNATURE <u>Clyde B. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Lohmeyer Funeral Home, Springfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

39  
0  
0

JAN 18 1950

RECEIVED  
Greene County Health Office,  
County File Number 49-1-6  
Date Filed 1-27-49

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed Jewell E. Waid

Licensed Embalmer No. 2831

P. O. Address Springfield

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.