

FILED MAR 8 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4460

State File No. \_\_\_\_\_ Registrar's No. 6

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY OR TOWN <u>SULLIVAN</u>		c. CITY OR TOWN <u>STEELEVILLE</u>	
c. LENGTH OF STAY (in this place) <u>2 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE HOSPITAL 0</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCH</u> b. (Middle) <u>LEEDOM</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 23-1949</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 16-1883</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR <u>5</u> Months	IF UNDER 1 YEAR <u>7</u> Days	IF UNDER 1 HRS. <u>1</u> Hour	IF UNDER 1 HRS. <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JUNIOUS SOUDER</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>JOSEPH LEEDOM</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. L.M. STILES - SIDNEY, OHIO</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1144</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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 2/1, 1949, to 2/23, 1949, that I last saw the deceased alive on 2/23, 1949, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Beckman M.D.</u>	23b. ADDRESS <u>Av. Cedar Ave</u>	23c. DATE SIGNED <u>3/2/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>3-3-49</u>	REGISTRAR'S SIGNATURE <u>Ed Becker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Beckman</u>	ADDRESS <u>STEELEVILLE, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

**RECEIVED**  
District Health Officer No. 9,  
District File Number  
Date Filed 3-7-49

**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.

Student .....  
Student Embalmer

Signed James L. Hedrick

Licensed Embalmer No. 4332

P. O. Address STEELVILLE, 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.