

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9498

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

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5939</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Cold Spring twp.</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cold Spring twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Lecomma, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Lecomma, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>VIRGIL</u> c. (Last) <u>LEONARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>March 11, 1883</u>	
				9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u></u>	11. DAYS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Lecomma, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Phillip Leonard</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah V. Via</u>			14. NAME OF HUSBAND OR WIFE <u></u>	
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></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lizzie Leonard</u> ADDRESS <u>Lecomma, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u></p> <p>ANTECEDENT CAUSES <u>Myocarditis</u></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1/222</u></p>				INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>3 yrs</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u></u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>Dead on April 7, 1949</u> , and that death occurred at <u>9 am</u> , from the causes and on the date stated above.							
22. SIGNATURE (Degree or title) <u>S. B. Null, Coroner</u>				23b. ADDRESS <u>Rolla, Mo.</u>		23c. DATE SIGNED <u>4/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rhea Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Phelps Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-9-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>	

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed _____

4/12/49

APR 23 1949
6761 82

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 _____

Paul E. Null

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4498

P. O. Address _____

Rolla, 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.