

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14786

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 5073		Registrar's No. 25		
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Northfork <i>twp</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Northfork (Rural)				
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) Route 1				
3. NAME OF DECEASED (Type or Print) Charles			a. (First)		b. (Middle)		c. (Last) Leatherman	
4. DATE OF DEATH June 4, 1949		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE white		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Widowed		8. DATE OF BIRTH March 30, 1870		9. AGE (In years) 79		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Allen County, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Adam Leatherman			13b. MOTHER'S MAIDEN NAME Louisa Binkley			14. NAME OF HUSBAND OR WIFE Ella Nora McKill		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harry Leatherman				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral hemorrhage				3 w.		
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b)		old age		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		3 3 1/2				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)				
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?				
22. I hereby certify that I attended the deceased from May 10, 1949, to June 4, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at 8 p.m., from the causes and on the date stated above.								
23a. SIGNATURE D.R. Gledner				23b. ADDRESS 1170 N. 1st St. Moberly, Mo.		23c. DATE SIGNED 6-6-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-8-1949		24c. NAME OF CEMETERY OR CREMATORY McKill Cemetery		24d. LOCATION (City, town, or county) (State) Vernon Co. Missouri		
DATE REC'D BY LOCAL REG. June 7-1949		REGISTRAR'S SIGNATURE Marie Konrad		25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, Lamar, Mo.				

(Licensed Embalmer) Statement on Reverse Side

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

600

RECEIVED

District Health Officer No. 6

District File Number 649-671

Date Filed 6-13-49

JUN 17 1949

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

Clarence M. Chiles

Licensed Embalmer No. 3473

P. O. Address London 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.