

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2097

2097

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>9</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>Rolla</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		089.2			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>407 W. 2nd</u>				d. STREET ADDRESS (If rural, give location) <u>407 W. 2nd</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EDWARD</u>		b. (Middle) <u>CLAY</u>		c. (Last) <u>LEONARD</u>			
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>Sept. 16, 1873</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		9. AGE (In years last birthday) <u>77</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12, 1951</u>			
11. BIRTHPLACE (State or foreign country) <u>Dent County, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13a. FATHER'S NAME <u>Robert A. Leonard</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McCoppin</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Teague Leonard</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>487-28-0811</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cora Leonard, 407 W. 2nd. St. Rolla</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old age.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>47.5 X</u>	
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) (Min.)		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 <u>6-6, 1947 to 1-12, 1951</u> , that I last saw the deceased alive on <u>1-12, 1951</u> , and that death occurred at <u>1:30 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. H. Clavin M.D.</u> (Degree or title)				23b. ADDRESS <u>Rolla 1. Mo.</u>		23c. DATE SIGNED <u>1/13/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 14, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1-13-51</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u> 380		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Clavin</u>		ADDRESS <u>1100 Elm Street Rolla, Missouri</u>			

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 1/21/51

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 _____

Jerry D. Doane

working under my personal supervision.

Student Embalmer No. 382

Signed

Jerry D. Doane
Student Embalmer

Signed

J. H. Loeck

Licensed Embalmer No. 3643

P. O. Address P. O. Box 465, 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.