

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4249

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 28

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. CITY (If outside corporate limits, write RURAL and give township) Boonville	
c. LENGTH OF STAY (In this place) 3 Weeks		d. STREET ADDRESS (If rural, give location) 109 West Spring St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alex VanRavenswaay Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle)		c. (Last) Leatherman		4. DATE OF DEATH (Month) (Day) (Year) March 6 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 4th 1878	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) Versailles, Missouri, 0		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Frank Leatherman		13b. MOTHER'S MAIDEN NAME Mary Moore		14. NAME OF HUSBAND OR WIFE Mrs. Pauline Rasa Leatherman			
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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) No		16. SOCIAL SECURITY NO. 495-05-9934		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pauline Leatherman, Boonville, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia							
ANTECEDENT CAUSES		DUE TO (b) Chronic nephritis and pyelonephritis caused by fibrotic obstruction					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____				610X	

19a. DATE OF OPERATION None		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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> WHILE ON TRIP <input type="checkbox"/> WHILE AT HOME <input type="checkbox"/> WHILE AT SCHOOL <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		
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22. I hereby certify that I attended the deceased from **March 3**, 19**51**, to **March 6**, 19**51**, that I last saw the deceased alive on **March 6**, 19**51**, and that death occurred at **11 a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alex VanRavenswaay, M.D.		23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED 3.8.51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 9 1951		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
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DATE REC'D BY LOCAL REG. 3-8-51		REGISTRAR'S SIGNATURE W. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Godman & Boller, Boonville, Missouri.	
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RECEIVED 3-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-10-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Walter E. Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. 04491

P. O. Address Boonville, 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.