

FILED JUL-13-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21789

BIRTH NO. _____		REG. DIST. NO. <u>335</u>		PRIMARY REG. DIST. NO. <u>6118</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Residence, R#1 Oran</u>		c. LENGTH OF STAY (In this place) <u>5 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R#1 Oran, Mo</u>		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, R#1 Oran</u>				d. STREET ADDRESS (If rural, give location) <u>R#1 Oran, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Leible</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June, 6, 1951</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>December, 11, 1882</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS* OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Perryville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>August H. Leible</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Hannaman</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Leible</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Annie Leible, R#1 Oran, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Heart Disease</u>					4201
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19b. MAJOR FINDINGS OF OPERATION		19c. 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>1910</u> to <u>6/6</u> , 1951, that I last saw the deceased alive on <u>5/5</u> , 1951, and that death occurred at <u>10:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. C. C. Clement</u>				23b. ADDRESS <u>Oran, Mo</u>		23c. DATE SIGNED <u>6/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-29-51</u>		REGISTRAR'S SIGNATURE <u>Miss Thelma Bishop Hoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nunnelee Funeral Chapel, Charleston, Mo</u>			

(Licensed Embalmer Statement on Reverse Side)

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

D 5

2112

RECEIVED JUL 9 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 751-1454

Handwritten signature/initials

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.....
Student Embalmer

Signed *John I. Hummel*
Licensed Embalmer No. 3851

P. O. Address *Charleston, 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:

Not embalmed on 7/11/51