

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22059

FILED JUL 26 1951

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4044 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY: BOONE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STURGEON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STURGEON 0180	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home		d. STREET ADDRESS (If rural, give location) City	

3. NAME OF DECEASED a. (First) CASSIUS b. (Middle) MARCELIUS c. (Last) LEONARD			4. DATE OF DEATH (Month) (Day) (Year) July-16-1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 6-1867		9. AGE (In years last birthday) 84		10. MONTHS 1 DAYS 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hammer - Retired			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) OHIO			12. CITIZEN OF WHAT COUNTRY? USA.		

13a. FATHER'S NAME HIRAM LEONARD		13b. MOTHER'S MAIDEN NAME MERRELLA BRADY		14. NAME OF HUSBAND OR WIFE RHODA JANE LEONARD	
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 Rhoda Jane Leonard - Sturgeon, Mo.	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis, Valvular ANTECEDENT CAUSES Heart Disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 2 1/2	

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., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 June 15, 1951 , to July 16, 1951 , that I last saw the deceased alive on June 15, 1951 , and that death occurred at 6 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE J.R. McEnnis (Degree or title)		23b. ADDRESS Sturgeon Mo.		23c. DATE SIGNED July 16-51	

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY-17-1951		24c. NAME OF CEMETERY OR CREMATORY Peach	
24d. LOCATION (City, town, or county) (State) Bourbon Twp. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Maud Mc Bride Barnes & Brothers Sturgeon Mo.		ADDRESS	
DATE REC'D BY LOCAL REG. July 17-1951		REGISTRAR'S SIGNATURE 30			

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

RECEIVED 7-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 7-25-51 -----

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 -----

Bill J. Meador

working under my personal supervision.

Student Embalmer No. *406*

Signed *Bill J. Meador*
Student Embalmer

Signed *A. E. Boothe*

Licensed Embalmer No. *4087*

P. O. Address *Sturgeon 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.