

FILED JUL 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23616

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4282 Registrar's No. 2

0560
 1

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

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTICELLO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTICELLO	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) PERRY c. (Last) MCLEOD			4. DATE OF DEATH (Month) (Day) (Year) JULY 9 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 10, 1881	9. AGE (In years last birthday) 70	10. IF UNDER 1 YEAR Days 3 IF UNDER 1 HRS. Hour 29 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER		10b. KIND OF BUSINESS OR INDUSTRY MINISTRY		11. BIRTHPLACE (State or foreign country) ALBANY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME EDWARD MILES MCLEOD	13b. MOTHER'S MAIDEN NAME CAROLINE GREENE	14. NAME OF HUSBAND OR WIFE RUBY MCLEOD MONTICELLO, MO.
---	--	--

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. 489-32-3528	17. INFORMANT'S SIGNATURE OR NAME KATHRYN MCLEOD ELLIS ADDRESS MONTICELLO, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterial sclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	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? 4500 YES <input type="checkbox"/> NO <input 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 **July 8, 1951**, to **July 8, 1951**, that I last saw the deceased alive on **July 8, 1951**, and that death occurred at **1:50 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. E. Tadd D.O.	23b. ADDRESS Williamstown Mo	23c. DATE SIGNED 7/10/51
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7/11/51	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY	24d. LOCATION (City, town, or county) (State) LIVINGSTON COUNTY MO.
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 7-11-51	REGISTRAR'S SIGNATURE C. W. Jennings	25. FUNERAL DIRECTOR'S SIGNATURE Charles L. Conroy Sr. ADDRESS LEWISTOWN, MO.
---	---	---

JUN 19 1952

Date Received: JUL 16 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1267
Date Filed: JUL 16 1951

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 *Charles S. Arnold, Jr.*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.