

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29720

FILED OCT 6 - 1951

5202 State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>55</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Eugene Township)</u>		c. LENGTH OF STAY (In this place) <u>10</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Eugene Township)</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Carrollton R.F.D. 7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Home</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>J.</u> c. (Last) <u>Leathem</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-24-51</u>	
8. DATE OF BIRTH <u>June 24, 1864</u>		9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>3</u>		11. YEARS <u>3</u>	
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>Cambridge Ohio.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Leathem</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Anchor</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Leathem (Wife)</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>Cora Leathem (Carrollton Mo. #7.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>general debilities</u> ANTECEDENT CAUSES <u>old getting Age</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old</u> DUE TO (c) <u>degenerate</u> 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>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		794X	
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>Sept 24, 1951</u> , to <u>Sept 24, 1951</u> , that I last saw the deceased alive on <u>Sept 24, 1951</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.							
22a. SIGNATURE <u>Marshall F. Home</u> (Degree or title)		23a. ADDRESS <u>Carrollton, Mo.</u>		23b. DATE SIGNED <u>Sept 24, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cannon Cemetery</u>		24d. LOCATION (City, town, or county) <u>East of Carrollton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/27/51</u>		REGISTRAR'S SIGNATURE <u>Marshall F. Home</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall F. Home. Carrollton Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



OCT 18 1957

**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 P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.