

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32435**

FILED OCT 22 1951

|  |  |   |                           |   |           |   |  |
|--|--|---|---------------------------|---|-----------|---|--|
| BIRTH NO.  |  | REG. DIST. NO. <b>13</b>  |                           | PRIMARY REG. DIST. NO. <b>3003</b>  |           | Registrar's No. <b>58</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Berry</b>  |  |   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b> |           |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Monett</b>  |  | c. LENGTH OF STAY (In this place)<br><b>3 Weeks</b>   |                           | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Aurora --- Township</b>  |           | <b>0550</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Vincent's Hospital</b>   |  |   |                           | d. STREET ADDRESS (If rural, give location)<br><b>2 1/2 miles North West Aurora</b>   |           |   |  |
| 3. NAME OF DECEASED<br>a. (First) <b>Barbara Ann</b>   |  |   | b. (Middle) <b>Leitle</b> |   | c. (Last) |   |  |
| 4. DATE OF DEATH <b>Oct. 1, 1951</b>   |  |   |                           | 5. SEX <b>F</b>   |           |   |  |
| 6. COLOR OR RACE <b>W</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  |                           | 8. DATE OF BIRTH <b>July 15, 1888</b>   |           | 9. AGE (In years last birthday) <b>63</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>housewife</b>   |                           | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis, Mo.</b>  |           | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |  |
| 13a. FATHER'S NAME<br><b>Fred Pruent</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Katherine Miller</b>  |                           | 14. NAME OF HUSBAND OR WIFE<br><b>Joe Leitle</b>  |           |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>None</b>   |                           | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Josephine Leitle Aurora, Mo.</b>  |           |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Pulmonary Embolism</b>   |                           |   |           | INTERVAL BETWEEN ONSET AND DEATH<br><b>25 min</b>                                   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b)<br><br>DUE TO (c)  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Compound comminuted fracture, left tibia and fibula</b> |                           |   |           | <b>19 days</b>  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |                           |   |           | 20. AUTOPSY?<br>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) <b>0552</b> (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 <b>9-13</b> , 19 <b>51</b> , to <b>10-1</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-1</b> , 19 <b>51</b> , and that death occurred at <b>6:25 P.M.</b> , from the causes and on the date stated above. |  |   |                           |   |           |   |  |
| 23a. SIGNATURE <b>J. L. Edwards M.D.</b> (Degree or title)   |  |   |                           | 23b. ADDRESS <b>Monett Mo</b>   |           | 23c. DATE SIGNED <b>10-2-51</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE <b>Oct. 4, 1951</b>   |                           | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Aurora Calvary</b>   |           | 24d. LOCATION (City, town, or county) (State)<br><b>Aurora, Missouri</b>            |  |
| DATE REC'D BY LOCAL REG. <b>10-2-51</b>  |  | REGISTRAR'S SIGNATURE <b>W. M. West</b>   |                           | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>William Wood</b>   |           | ADDRESS<br><b>Aurora, Mo.</b>   |  |

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

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DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED OCT 16 1951  
Dist. File 10-17-51  
Date Filed 10-22-51

OCT 22 1951

DEC 1 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed: James D. Crafton  
Licensed Embalmer No. 4668

P. O. Address Aurora, 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.