

STANDARD CERTIFICATE OF DEATH

State File No. 97

FILED FEB 11 1952 - 52 REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4023 Registrar's No. 10

0:50

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Flat Creek twp. 0-15-2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheaton Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Cassville Rt. 2 -3 mi. N.E.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clark</u> b. (Middle) <u>Jay</u> c. (Last) <u>Leeper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 23, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>January 20, 1952</u>
9. AGE (In years last birthday) <u>0</u> if under 1 year Months <u>3</u> if under 1 year Days <u>3</u> if under 1 year Hours <u> </u> Mins. <u> </u>		11. BIRTHPLACE (State or foreign country) <u>Wheaton, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Leeper</u>		13b. MOTHER'S MAIDEN NAME <u>Ella May Brink</u>	
14. NAME OF HUSBAND OR WIFE <u>none</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 <u>Ella May Leeper, Cassville Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>could be either injury</u> DUE TO (c) <u>before birth or injury</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>at birth</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7600</u>	
20. AUTOPSY? 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) (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>Jan 21, 1952</u> to <u>Jan 23, 1952</u> , that I last saw the deceased alive on <u>Jan 23, 1952</u> , and that death occurred at <u>10: A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Cassville Mo</u>	
23c. DATE SIGNED <u>Feb 4</u>		24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hornor Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Barry County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
DATE REC'D BY LOCAL REG. <u>2-4-1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Cassville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.