

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13747

State File No. ....

Dr. Taylor  
FILED MAY 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3915 Registrar's No. 27

0780

3

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

1. PLACE OF DEATH a. COUNTY <u>Bernicot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bernicot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele Virginia Rep.</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2 0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James Hillard</u> b. (Middle) <u>Leasure</u> c. (Last) <u>Leasure</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-12-52</u>		
5. SEX <u>MO</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>9-9-1900</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>7</u> Days <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>-</u>		11. BIRTHPLACE (State or foreign country) <u>McHenry Co. Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Jim Leasure</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Dean</u>		14. NAME OF HUSBAND OR WIFE <u>Cynthia Leasure</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cynthia Leasure Steele MO R2</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GEN. &amp; CORONARY ARTERIO-SCLEROSIS</u>		DUE TO (c)		DUE TO (a) <u>2 years</u>	
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 <u>4201</u>		20. AUTOPSY? 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) (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 ON ARRIVAL to DEATH, 19 52, that I last saw the deceased alive on DEATH, 19 52, that death occurred at 8:30 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. L. Taylor M.D.</u>		(Degree or title)		23b. ADDRESS <u>Steele, MO</u>	
23c. DATE SIGNED <u>12 Apr. 52</u>					
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele MO</u>					

DATE REC'D BY LOCAL REG. <u>5/8-52</u>		REGISTRAR'S SIGNATURE <u>E. L. Olden</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>German Unit to Steele, MO</u>	
---	--	---	--	--	--

5-52-144

Rec. MAY 9 1952

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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 *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.