

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25007

State File No. _____

FILED AUG 4, 1952

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4298 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> ⁰⁵⁹⁰		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow Mills</u> ^{no all life}		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow Mills</u> ⁰⁵⁷⁰	
c. LENGTH OF STAY (If applicable)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	<u>MARGARET</u>	<u>HELENA</u>	<u>LEITMAN</u>	<u>July 28 1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 29 1881</u>	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. IF UNDER 1 YEAR	13. IF UNDER 6 HRS.
		<u>widowed</u>		<u>70</u>	<u>7</u>	<u>29</u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY
<u>Housewife</u>	<u>Housework</u>	<u>Missouri</u>	<u>U.S.A.</u>

13a. FATHER'S NAME <u>Jacob Boehn</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Now</u>	14. NAME OF HUSBAND OR WIFE <u>Fritz Leitman Sr</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	18. ADDRESS
<u>no</u>	<u>none</u>	<u>Anna Leitman</u>	<u>Moscow Mills</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		INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		
	ANTECEDENT CAUSES -Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>4201</u>

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 July 28, 1952, to July 28, 1952, that I last saw the deceased alive on July 28, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print)	23b. ADDRESS	23c. DATE SIGNED
<u>L. LeVick</u>	<u>Troy, Mo</u>	<u>7/29/52</u>

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<u>burial</u>	<u>July 31, 52</u>	<u>Anderson Hill Cem</u>	<u>Lincoln County Mo.</u>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	162	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
<u>July 31 - 1952</u>	<u>Edmond B. Riddle</u>	<u>0</u>	<u>Wayne McBay</u>	<u>Troy Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

DEC 29 1952

JUL 17 1953

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

Wayne McBay

Licensed Embalmer No. *3586*

P. O. Address *Wayne McBay*

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.