No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 22 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 42960

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 268

**1. PLACE OF DEATH**
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 331 East 4th

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville 0742
d. STREET ADDRESS (If rural, give location): 331 East 4th 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): HORACE
b. (Middle): FRANCIS
c. (Last): LEET

**4. DATE OF DEATH** (Month) 11 (Day) 20 (Year) 52

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: 6/26/64
**9. AGE** (In years last birthday): 88 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Grain dealer - retired
**10b. KIND OF BUSINESS OR INDUSTRY**: Own account
**11. BIRTHPLACE** (State or foreign country): Elmwood, Illinois 1
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John A. Leet
**13b. MOTHER'S MAIDEN NAME**: Sarah Tucker
**14. NAME OF HUSBAND OR WIFE**: Mabel A. Leet

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs. Mabel A. Leet, Maryville, Mo.

**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) Mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) general arteriosclerosis (not known)
DUE TO (c) age

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**: 4500
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* May, 1952, *to* Nov. 20, 1952, *that I last saw the deceased alive on* Nov 19, 1952, *and that death occurred at* 12:25 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: J. A. Blemer
(Degree or title): M. D. 0
**23b. ADDRESS**: Maryville, Missouri
**23c. DATE SIGNED**: 12-17-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial 0
**24b. DATE**: 11/22/52
**24c. NAME OF CEMETERY OR CREMATORY**: Miriam
**24d. LOCATION** (City, town, or county) (State): Maryville, Missouri

**DATE REC'D BY LOCAL REG.**: 12-20 52
**REGISTRAR'S SIGNATURE**: Ross Holt
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Price Funeral Home, Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

VS FEB 7 1961

## 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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.