

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16714**  
96  
Registrar's No. ....

BIRTH NO. **MAY 4 1953** REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072**

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. LENGTH OF STAY (in this place) <b>9 hours</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		0972
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>436 North Odell</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b> b. (Middle) <b>Henry</b> c. (Last) <b>Leimkuehler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 28, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 14, 1886</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mt. Sterling, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Charle Leimkuehler</b>		13b. MOTHER'S MAIDEN NAME <b>Christine Leimkuehler</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Davis Leimkuehler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Minnie Leimkuehler</b> ADDRESS <b>Marshall, Mo</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Abscess</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>342x</b>				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)		21e. INJURY OCCURRED WHILE AT <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>April 26, 1953</b> , to <b>April 28, 1953</b> , that I last saw the deceased alive on <b>April 28, 1953</b> , and that death occurred at <b>9:30 p. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>C. L. Lewis M.D.</b>			23b. ADDRESS <b>Marshall Mo.</b>		23c. DATE SIGNED <b>4-29-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 30, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-29-1953</b>	REGISTRAR'S SIGNATURE <b>Widney S Gray</b> 385		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Campbell-Lewis - Marshall, Mo.</b>		

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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

*James H. Lewis Jr.*

Licensed Embalmer No. *4709*

P. O. Address *Marshall, 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.