

FILED NOV 9-1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36803**

BIRTH NO.		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 130	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) Louisiana		c. LENGTH OF STAY (In this place) 9 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) Corso		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print) Opal		a. (First)		b. (Middle) Mae		c. (Last) Leitz	
4. DATE OF DEATH (Month) (Day) (Year) Oct 28 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 10 1918		9. AGE (In years last birthday) 35		If UNDER 1 YEAR Month 7 Day 18		If UNDER 1 YEAR Hours --- Min. ---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Teaching		11. BIRTHPLACE (City and State or Foreign Country) Corso (Lincoln Co.) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Fred Ulrich		13b. MOTHER'S MAIDEN NAME Myrtle Fletcher		14. NAME OF HUSBAND OR WIFE Louis Leitz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. 493 20 5214		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Leitz, 8124 S. Broadway			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renovated Cirrhosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) toxic Ca of Cancer DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ST. LOUIS, MO. INTERVAL BETWEEN ONSET AND DEATH 2 mo 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 171x			
22. I hereby certify that I attended the deceased from 12-20, 1952 , to 10-28, 1953 , that I last saw the deceased alive on 10-28, 1953 , and that death occurred at 1:55 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas H. Hummel M.D.				23b. ADDRESS Louisiana, Missouri		23c. DATE SIGNED 10-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 30 1953		24c. NAME OF CEMETERY OR CREMATORY New Liberty		24d. LOCATION (City, town, or county) (State) Corso Mo.	
DATE REC'D BY LOCAL REG. Oct 30, 53		REGISTRAR'S SIGNATURE Derneese Collier		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Mull		ADDRESS Bowling Green, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 8 1957

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 O. Mudd

Licensed Embalmer No. 4152

P. O. Address Burling Green, 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.