

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **4366** Registrar's No. **7**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Newton</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Granby</b> | c. LENGTH OF STAY (in this place)<br><b>4 days</b> | c. CITY OR TOWN <b>Rora-Neosho</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Granby Community Hospital</b>              |  |  |  |
| STREET ADDRESS (If rural, give location)<br><b>Route # 3</b>                          |  | <b>0730</b>  |  |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>a. (First) <b>Charles</b> b. (Middle) <b>L</b> c. (Last) <b>Leutner</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb 3, 1954</b> |  |  |
|--|--|--|---|--|--|

|                    |                               |  |  |   |                        |                       |       |      |
|--------------------|-------------------------------|--|--|---|------------------------|-----------------------|-------|------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never Married</b> | 8. DATE OF BIRTH<br><b>Jan. 18, 1876</b> | 9. AGE (In years last birthday) <b>78</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|--|--|---|------------------------|-----------------------|-------|------|

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMER</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b> |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |  |
|--|--|---|--|--|--|---|--|

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><b>Charles Leutner</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Josephine Viese</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Betty Bowers - Neosho Mo.</b> |  |  |  |
|--|--|---|--|---|--|--|--|

|   |  |                         |  |   |  |  |  |         |  |
|---|--|-------------------------|--|---|--|--|--|---------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO. |  | 17. INFIRMANT'S SIGNATURE OR NAME<br><b>Betty Bowers - Neosho Mo.</b> |  |  |  | ADDRESS |  |
|---|--|-------------------------|--|---|--|--|--|---------|--|

|  |  |  |  |  |  |  |                                  |  |                |  |
|--|--|--|--|--|--|--|----------------------------------|--|----------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION                    |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |                |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Renal Hypertensive</b>  | ANTECEDENT CAUSES                        |  |  |  |  |  | DUE TO (b) <b>Heart Disease</b>  |  | <b>1 Month</b> |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   | DUE TO (c) <b>Senile psychosis acute</b> |  |  |  |  |  | <b>2 weeks</b>                   |  |                |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |  |  |  |                                  |  |                |  |

|                        |  |   |  |  |  |  |  |   |  |
|------------------------|--|---|--|--|--|--|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>442X</b> |  |  |  |  |  | 20. AUTOPSY?<br>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 type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? |  |  |
|---|--|--|--|--|----------------------------|--|--|

22. I hereby certify that I attended the deceased from **12-30, 1953**, to **Feb 3, 1954**, that I last saw the deceased alive on **Feb 3, 1954**, and that death occurred at **7:50 A.M.**, from the causes and on the date stated above.

|  |  |                   |  |  |  |                                   |  |
|--|--|-------------------|--|--|--|-----------------------------------|--|
| 23a. SIGNATURE<br><b>Melvin M. Pelly</b> |  | (Degree or title) |  | 23b. ADDRESS<br><b>Law. Bk Bldg. Neosho Mo</b> |  | 23c. DATE SIGNED<br><b>2/8/54</b> |  |
|--|--|-------------------|--|--|--|-----------------------------------|--|

|  |                              |  |  |   |  |
|--|------------------------------|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>2-6-1954</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>ELM SPRINGS</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>NEWTON CO. MISSOURI</b> |  |
|--|------------------------------|--|--|---|--|

|  |  |   |  |   |  |                              |  |
|--|--|---|--|---|--|------------------------------|--|
| DATE REC'D BY LOCAL REG.<br><b>Feb 8, 1954</b> |  | REGISTRAR'S SIGNATURE<br><b>M. L. Young</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Orley Thompson</b> |  | ADDRESS<br><b>Neosho Mo.</b> |  |
|--|--|---|--|---|--|------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

10730

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. ~~.....~~

District File Number 254-20

Date Filed FEB 12 1954

NEOSHO, 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ray J. Adams*

Licensed Embalmer No. 492

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.