

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

26724

State File No.

FILED AUG 19 1954

BIRTH NO. --- REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) Lecoma	c. LENGTH OF STAY (in this place) 8 years	c. CITY OR TOWN Lecoma	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION North town limits		e. STREET ADDRESS (If rural, give location) North town limits 0330	

3. NAME OF DECEASED (Type or Print) a. (First) LEO	b. (Middle) JOSEPH	c. (Last) GIVEN	4. DATE OF DEATH (Month) (Day) (Year) August 1, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 15, 1887	9. AGE (in years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cutter	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and State or Foreign Country) Anutt, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Joseph T. Given.	13b. MOTHER'S MAIDEN NAME Nancy Holt	14. NAME OF HUSBAND OR WIFE Elsie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-09-8416A	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elsie Given	ADDRESS Lecoma, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2400
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Colon</i>		
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Surgery 1952 - Ca of Colon 153 X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1/19, 1952, to 8-1-54, 1954, that I last saw the deceased alive on 7-30, 1954, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Paul E. Zull</i>	(License or title)	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 8-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 3, 1954	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
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DATE REC'D BY LOCAL REG. 8-9-54	REGISTRAR'S SIGNATURE <i>M. M. Hart, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul E. Zull</i>	ADDRESS Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 25 1955

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.....

Paul E. Nu
Licensed Embalmer No. *449*

P. O. Address..... *Rolla*

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.