

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

W2 Haley 19341
State File No.

No. 300
10.48

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 525

1. PLACE OF DEATH a. COUNTY <u>Benn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Benn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>05820</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>610 Elliott</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>610 Elliott</u>			

3. NAME OF DECEASED
(Type or Print) EMIL LEUZINGER

a. (First) EMIL b. (Middle) — c. (Last) LEUZINGER

4. DATE OF DEATH (Month) (Day) (Year) June-16-1955

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 8. DATE OF BIRTH April-10-1871 9. AGE (in years last birthday) 84 IF UNDER 1 YEAR: Months 2 Days 6 IF UNDER 10 MIN. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and State or Foreign Country) La Crosse Wisconsin, U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Leob. Leuzinger 13b. MOTHER'S MAIDEN NAME Anna Luchsinger 14. NAME OF HUSBAND OR WIFE Ada Leuzinger

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. 668-16-8419B 17. INFORMANT'S SIGNATURE OR NAME Ada Leuzinger ADDRESS Brookfield Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Pulmonary Emphysema 2 hours
DUE TO (c) Senile Cardiac Degeneration 1 yr

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 _____ 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) 4341

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 6-16-1955 to 6-16-1955, that I last saw the deceased alive on June 9, 1955, and that death occurred at 1:35 am., from the causes and on the date stated above.

23a. SIGNATURE Roy R Haley M.D. (Degree or title) 23b. ADDRESS Brookfield Mo 23c. DATE SIGNED 6-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/19/55 24c. NAME OF CEMETERY OR CREMATORY New Cambria 24d. LOCATION (City, town, or county) (State) New Cambria Mo.

DATE REC'D BY LOCAL REG. 6-18-55 REGISTRAR'S SIGNATURE Walter Blum 25. FUNERAL DIRECTOR'S SIGNATURE W. Blacklock ADDRESS Brookfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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

582

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 *J. K. Blacklocks*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.