No. 300
10.48

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19415

BIRTH NO. 184 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 87

621 / 1

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredricktown
c. LENGTH OF STAY (In this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~Madison~~ Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington 0941 /
d. STREET ADDRESS (If rural, give location): 622 West Columbia

3. NAME OF DECEASED (Type or Print)
a. (First): Lulu
b. (Middle): M
c. (Last): Leakman

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1955

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1/8/77
9. AGE (In years last birthday): 78 — If under 1 year: Months 5, Days 7, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Farmington, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William S. Miller
13b. MOTHER'S MAIDEN NAME: Artie Perkins
14. NAME OF HUSBAND OR WIFE: Edward M. Leakman (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Gladys Dillard
ADDRESS: Fredricktown, Missouri.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) senility
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: 334 X
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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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* 6/1, 19 55, *to* 6/14, 19 55, *that I last saw the deceased alive on* 6/14, 19 55, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: M Grossman (Degree or title): MD
23b. ADDRESS: Fredricktown Mo
23c. DATE SIGNED: 6/16/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/17/55
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Farmington, Missouri

DATE REC'D BY LOCAL REG.: 6-16-1955
REGISTRAR'S SIGNATURE: Florence Dicks 187
25. FUNERAL DIRECTOR'S SIGNATURE: Miller Funeral Home
ADDRESS: Farmington, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
JUN 20 1955
RECEIVED
FILE No. 455-22

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. Earl J. Miller

Licensed Embalmer No. 3757

P. O. Address Farmington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.