

FILED JUN 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19559

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Cantuwell</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Cantuwell</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>1008 Washington Ave</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LEANDER</u>	b. (Middle) <u>G</u>	c. (Last) <u>GILL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June - 16 - 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug - 20 - 1914</u>	9. AGE (In years - last birthday) <u>41</u> (If under 1 year: Months) <u>9</u> (If under 2 hrs: Days) <u>26</u> (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Flource Ala</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Maudie Gill</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Gill Cantuwell</u> ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>		
	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	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 June 15, 1955, to June 16, 1955, that I last saw the deceased alive on June 16, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>6/23/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-17-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Flource Ala</u>
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DATE REC'D BY LOCAL REG. <u>June 20, 1955</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Niles</u>	2. FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6-188-55

JUN 2 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 *Noel C. Seave*.....

Licensed Embalmer No. *390*.....

P. O. Address *Caruthersville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.